

FORM **SIPP-9300**  
(4-2-89)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

**SURVEY OF INCOME  
AND PROGRAM  
PARTICIPATION**  
  
**1989 PANEL**  
  
**WAVE 3 QUESTIONNAIRE**

**PGM 6**

**1. Book**  
\_\_\_\_\_ of \_\_\_\_\_

**2. (cc 1)**  
R.O. code

\_\_\_\_

**3a. (cc 2)**

PSU   Segment   Serial   Sample digit   Check

\_\_\_\_   \_\_\_\_   \_\_\_\_   **09**   \_\_\_\_

**b. (cc 3)**  
Add. ID

\_\_\_\_

**4. (cc 17)**

**a. Entry Add. ID**  
\_\_\_\_

**b. PERSON Number (cc 18)**  
\_\_\_\_

**c. Name (cc 19a)**

First \_\_\_\_\_

Middle initial \_\_\_\_\_

**5. PERSON CHARACTERISTICS — Fill a,b,c, and d using the control card**

**a. Relationship code (cc 19b)**  
\_\_\_\_

**b. Date of birth (cc 24)**  
Month   Day   Year  
\_\_\_\_   \_\_\_\_   \_\_\_\_

**c. Sex code (cc 28)**  
\_\_\_\_

**d. Marital status code (cc 26a)**  
\_\_\_\_

**6. Interviewer identification**

Code   Name  
\_\_\_\_   \_\_\_\_\_

**7. PERSON INTERVIEW STATUS**

**a. Interview**  
1 ☐ Self  
2 ☐ Proxy (Enter person number) \_\_\_\_\_ } **SKIP to 8**

**b. Noninterview**  
1 ☐ Type Z refusal      2 ☐ Type Z other

**8. Date of interview for this person**  
\_\_\_\_ Month   \_\_\_\_ Day } *Fill start time in item 9a, then go to Introduction*

**9a. Interview time for this person**

	Initial visit	Callback visit
Start time →	a.m. _____ p.m. _____	a.m. _____ p.m. _____
Finish time →	a.m. _____ p.m. _____	a.m. _____ p.m. _____

**b. Total interview time for this person**   \_\_\_\_ Minutes

**10a. Interviewer edit time**

Start time \_\_\_\_\_ a.m. \_\_\_\_\_  
Finish time \_\_\_\_\_ a.m. \_\_\_\_\_

**b. Total interviewer edit time**   \_\_\_\_ Minutes

**11a. Pre-interview transcription time**

Start time \_\_\_\_\_ a.m. \_\_\_\_\_  
Finish time \_\_\_\_\_ a.m. \_\_\_\_\_

**b. Total pre-interview time for transcription**   \_\_\_\_ Minutes

**12.** 1 ☐ Phone interview — *Specify reason* \_\_\_\_\_

**CHECK ITEM N1**

Does ...'s person number begin with a "3"?

**PGM 7**  
**0900**

1 ☐ Yes  
2 ☐ No — *SKIP to Section 1, item 1, page 2*

**CHECK ITEM N2**

Was ... missed when household members were listed for Wave 1?

**0901**

1 ☐ Yes — *SKIP to Section 1, item 1, page 2*  
2 ☐ No

**13a. On March 31, 1989, was ... living in any of the kinds of places listed on this card? (Show Flashcard P)**

**0914**

1 ☐ Yes      x1 ☐ DK } *SKIP to Section 1, item 1, page 2*  
2 ☐ No — *SKIP to Section 1, item 1, page 2*      x2 ☐ Ref.

**b. Which code on this card represents the kind of place ... was living in on March 31, 1989?**

**0916**

1 ☐ Armed Forces barracks      3 ☐ Nonhousehold setting  
2 ☐ Outside the United States

**INTRODUCTION**

INTERVIEWER INSTRUCTIONS — Read introduction once to each respondent. Do not repeat to another respondent who was in the room when you earlier read the introduction.

(As I described during my last visit,) This survey is about the economic situation of people living in the United States. Most of the questions will be about ...'s activities during \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_.

Here is a calendar that shows the 4 months we will be talking about. (Hand respondent Flashcard J.) This time period is very important, so if you have any questions about what period is being referred to during the interview, please ask me.

We need the most accurate and complete information possible. Please think carefully about each question, search your memory and take your time in answering. For some of the questions it will help to look up the answers by checking whatever records are available to you here. (GO TO CHECK ITEM N1.)

## Section 1 — LABOR FORCE AND RECIPIENCY

(SHOW FLASHCARD J)

- 1. During the 4-month period outlined on this calendar, that is, from (4 months ago) thru (Last month), did ... have a job or business, either full time or part time, even for only a few days?**  
 Mark "Yes" for active duty in the Armed Forces, any temporary or part-time work, and work without pay in a family business or farm.

PGM 7

1000

- 1 ☐ Yes — Mark "Worked" (code 170) on ISS and SKIP to 4  
 2 ☐ No

- 2a. Even though ... did not have a job during this period, did ... spend any time looking for work or on layoff from a job?**

1002

- 1 ☐ Yes  
 2 ☐ No — SKIP to 3a

- b. Please look at the calendar. In which weeks was ... looking for work or on layoff from a job? Please answer by giving the week number that appears to the right of each week on the calendar.**

Mark (X) all that apply.

1004

x5 ☐ ALL

1006

☐ 1

1018

☐ 7

1030

☐ 13

1008

☐ 2

1020

☐ 8

1032

☐ 14

1010

☐ 3

1022

☐ 9

1034

☐ 15

1012

☐ 4

1024

☐ 10

1036

☐ 16

1014

☐ 5

1026

☐ 11

1038

☐ 17

1016

☐ 6

1028

☐ 12

1040

☐ 18

- c. Could ... have taken a job during any of those weeks if one had been offered?**

1042

- 1 ☐ Yes — SKIP to 3a  
 2 ☐ No

- d. What was the main reason ... could not take a job during those weeks?**

Mark (X) only one.

1044

- 1 ☐ Already had a job  
 2 ☐ Temporary illness  
 3 ☐ School  
 4 ☐ Other — Specify

- 3a. Even though ... did not have a job during this period, did ... do any work at all that earned some money?**

1046

- 1 ☐ Yes — Mark "55" on ISS  
 2 ☐ No — SKIP to Check Item R2

- b. In which of the months shown on this calendar did ... do that work?**

Mark (X) all that apply.

1048

1 ☐ Last month

1050

2 ☐ 2 months ago

1052

3 ☐ 3 months ago

1054

4 ☐ 4 months agoCHECK  
ITEM R2

Refer to item 2a above.

Did ... spend any time looking for work or on layoff from a job?

1055

- 1 ☐ Yes — SKIP to 9a, page 4  
 2 ☐ No — SKIP to Check Item R6, page 4

- 4. Did ... have a job or business, either full or part time, during EACH of the weeks in this period?**  
 Note that the person did **not** have to work each week.

1056

- 1 ☐ Yes  
 2 ☐ No — SKIP to 6a

- 5a. Was ... absent without pay from ...'s job or business for any FULL weeks during the 4-month period?**

1058

- 1 ☐ Yes  
 2 ☐ No — SKIP to 8a, page 4

- b. Please look at the calendar. In which weeks was ... absent without pay? Please answer by giving the week number that appears to the right of each week on the calendar.**

Mark (X) all that apply.

1060

x5 ☐ ALL

1062

☐ 1

1074

☐ 7

1086

☐ 13

1064

☐ 2

1076

☐ 8

1088

☐ 14

1066

☐ 3

1078

☐ 9

1090

☐ 15

1068

☐ 4

1080

☐ 10

1092

☐ 16

1070

☐ 5

1082

☐ 11

1094

☐ 17

1072

☐ 6

1084

☐ 12

1096

☐ 18

- c. What was the main reason ... was absent without pay from ...'s job or business during those weeks?**

Mark (X) only one.

1098

- 1 ☐ On layoff  
 2 ☐ Own illness  
 3 ☐ On vacation  
 4 ☐ Bad weather  
 5 ☐ Labor dispute  
 6 ☐ New job to begin within 30 days  
 7 ☐ Other — Specify

 SKIP  
to  
8a,  
page  
4

NOTES

# Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

LABOR FORCE AND RECIPIENCY

(SHOW FLASHCARD J)

**6a.** Please look at the calendar. In which weeks did ... have a job or business? Please answer by giving the week number that appears to the right of each week on the calendar.

Mark (X) all that apply.

<b>1100</b>	<input type="checkbox"/> 1	<b>1112</b>	<input type="checkbox"/> 7	<b>1124</b>	<input type="checkbox"/> 13
<b>1102</b>	<input type="checkbox"/> 2	<b>1114</b>	<input type="checkbox"/> 8	<b>1126</b>	<input type="checkbox"/> 14
<b>1104</b>	<input type="checkbox"/> 3	<b>1116</b>	<input type="checkbox"/> 9	<b>1128</b>	<input type="checkbox"/> 15
<b>1106</b>	<input type="checkbox"/> 4	<b>1118</b>	<input type="checkbox"/> 10	<b>1130</b>	<input type="checkbox"/> 16
<b>1108</b>	<input type="checkbox"/> 5	<b>1120</b>	<input type="checkbox"/> 11	<b>1132</b>	<input type="checkbox"/> 17
<b>1110</b>	<input type="checkbox"/> 6	<b>1122</b>	<input type="checkbox"/> 12	<b>1134</b>	<input type="checkbox"/> 18

**b.** Of those weeks that ... had a job or business, was ... absent from work for any full weeks without pay?

**1136** 1 ☐ Yes  
2 ☐ No — SKIP to 7a

**c.** In which weeks was ... absent without pay? Please answer by giving the week number that appears to the right of each week on the calendar.

Mark (X) all that apply.

<b>1138</b>	<input type="checkbox"/> 1	<b>1150</b>	<input type="checkbox"/> 7	<b>1162</b>	<input type="checkbox"/> 13
<b>1140</b>	<input type="checkbox"/> 2	<b>1152</b>	<input type="checkbox"/> 8	<b>1164</b>	<input type="checkbox"/> 14
<b>1142</b>	<input type="checkbox"/> 3	<b>1154</b>	<input type="checkbox"/> 9	<b>1166</b>	<input type="checkbox"/> 15
<b>1144</b>	<input type="checkbox"/> 4	<b>1156</b>	<input type="checkbox"/> 10	<b>1168</b>	<input type="checkbox"/> 16
<b>1146</b>	<input type="checkbox"/> 5	<b>1158</b>	<input type="checkbox"/> 11	<b>1170</b>	<input type="checkbox"/> 17
<b>1148</b>	<input type="checkbox"/> 6	<b>1160</b>	<input type="checkbox"/> 12	<b>1172</b>	<input type="checkbox"/> 18

**d.** What was the main reason ... was absent from ...'s job or business during those weeks?

Mark (X) only one.

**1174** 1 ☐ On layoff  
2 ☐ Own illness  
3 ☐ On vacation  
4 ☐ Bad weather  
5 ☐ Labor dispute  
6 ☐ New job to begin within 30 days  
7 ☐ Other — Specify ↓

**7a.** I have marked that there were some weeks in this period in which ... did NOT have a job or business. During that week or weeks, did ... spend any time looking for work or on layoff?

**1176** 1 ☐ Yes  
2 ☐ No — SKIP to 7e

**b.** In which of these weeks was ... looking for work or on layoff from a job? Please answer by giving the week number that appears to the right of each week on the calendar.

Mark (X) all that apply.

**1178** x5 ☐ All weeks without a job

<b>1180</b>	<input type="checkbox"/> 1	<b>1192</b>	<input type="checkbox"/> 7	<b>1204</b>	<input type="checkbox"/> 13
<b>1182</b>	<input type="checkbox"/> 2	<b>1194</b>	<input type="checkbox"/> 8	<b>1206</b>	<input type="checkbox"/> 14
<b>1184</b>	<input type="checkbox"/> 3	<b>1196</b>	<input type="checkbox"/> 9	<b>1208</b>	<input type="checkbox"/> 15
<b>1186</b>	<input type="checkbox"/> 4	<b>1198</b>	<input type="checkbox"/> 10	<b>1210</b>	<input type="checkbox"/> 16
<b>1188</b>	<input type="checkbox"/> 5	<b>1200</b>	<input type="checkbox"/> 11	<b>1212</b>	<input type="checkbox"/> 17
<b>1190</b>	<input type="checkbox"/> 6	<b>1202</b>	<input type="checkbox"/> 12	<b>1214</b>	<input type="checkbox"/> 18

**c.** Could ... have taken a job during those weeks if one had been offered?

**1216** 1 ☐ Yes — SKIP to 7e  
2 ☐ No

**d.** What was the main reason ... could not take a job during those weeks?

Mark (X) only one.

**1218** 1 ☐ Already had a job  
2 ☐ Temporary illness  
3 ☐ School  
4 ☐ Other — Specify ↓

**e.** During the weeks that ... did not have a job, did ... do any work at all that earned some money?

**1220** 1 ☐ Yes — Mark "55" on ISS  
2 ☐ No — SKIP to 8a, page 4

**f.** In which of the months shown on this calendar did ... do that work?

Mark (X) all that apply.

**1222** 1 ☐ Last month  
**1224** 2 ☐ 2 months ago  
**1226** 3 ☐ 3 months ago  
**1228** 4 ☐ 4 months ago

NOTES

## Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

<b>8a. In the weeks that . . . worked during the 4-month period, how many hours did . . . usually work per week?</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1230</div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> </div> <div style="margin-left: 5px;">Hours per week</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">x3 <input type="checkbox"/> None</div> <div style="margin-right: 5px;">x1 <input type="checkbox"/> DK</div> <div style="font-size: 2em;">}</div> <div>SKIP to Check Item R4</div> </div> </div>
<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">CHECK ITEM R3</div> <div style="margin-top: 5px;"> <i>Refer to item 8a.</i>              Did . . . usually work 35 or more hours per week?           </div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1231</div> <div>             1 <input type="checkbox"/> Yes              2 <input type="checkbox"/> No — SKIP to 8c           </div> </div>
<b>8b. Did . . . work fewer than 35 hours in any of the weeks that . . . worked during this period? Exclude time off WITH PAY because of holidays, vacations, days off or sickness.</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1232</div> <div>             1 <input type="checkbox"/> Yes              2 <input type="checkbox"/> No — SKIP to Check Item R4           </div> </div>
<b>c. How many weeks did . . . work fewer than 35 hours in the months of (Read each month)?</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1233</div> <div>             x5 <input type="checkbox"/> All weeks           </div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1234</div> <div><input type="checkbox"/> Weeks Last month</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1235</div> <div><input type="checkbox"/> Weeks 2 months ago</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1236</div> <div><input type="checkbox"/> Weeks 3 months ago</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1237</div> <div><input type="checkbox"/> Weeks 4 months ago</div> </div>
<b>d. What was the main reason . . . worked fewer than 35 hours in those weeks?</b>  <i>Mark (X) only one.</i>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1238</div> <div>             1 <input type="checkbox"/> Could not find a full-time job              2 <input type="checkbox"/> Wanted to work part time              3 <input type="checkbox"/> Health condition or disability              4 <input type="checkbox"/> Normal working hours are fewer than 35 hours              5 <input type="checkbox"/> Slack work or material shortage              6 <input type="checkbox"/> Other — Specify <span style="font-size: 1.2em;">↓</span>  <div style="border-bottom: 1px solid black; width: 100%; margin-top: 5px;"></div> </div> </div>
<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">CHECK ITEM R4</div> <div style="margin-top: 5px;"> <i>Refer to item 5a, page 2.</i>  <i>(Absent without pay any full weeks.)</i>              The response to item 5a is:           </div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1239</div> <div>             1 <input type="checkbox"/> Yes (or blank)              2 <input type="checkbox"/> No — SKIP to Check Item R5           </div> </div>
<b>9a. During this 4-month period, did . . . receive any State unemployment compensation payments?</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1240</div> <div>             1 <input type="checkbox"/> Yes — Mark "5" on ISS              2 <input type="checkbox"/> No — SKIP to Check Item R5           </div> </div>
<b>b. During this period, did . . . also receive any Supplemental Unemployment Benefits (SUB)?</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1242</div> <div>             1 <input type="checkbox"/> Yes — Mark "6" on ISS              2 <input type="checkbox"/> No           </div> </div>
<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">CHECK ITEM R5</div> <div style="margin-top: 5px;">             Is "Worked" (code 170) marked on the ISS?           </div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1244</div> <div>             1 <input type="checkbox"/> Yes              2 <input type="checkbox"/> No — SKIP to Check Item R6           </div> </div>
<b>10. During this 4-month period, did . . . receive any money from workers' compensation for any kind of job-related illness or injury?</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1246</div> <div>             1 <input type="checkbox"/> Yes — Mark "10" on ISS              2 <input type="checkbox"/> No           </div> </div>
<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">CHECK ITEM R6</div> <div style="margin-top: 5px;"> <i>Refer to cc items 44–47.</i>              Was an interview obtained for . . . last reference period?           </div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1248</div> <div>             1 <input type="checkbox"/> Yes              2 <input type="checkbox"/> No — SKIP to Check Item R11, page 6           </div> </div>
<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">CHECK ITEM R7</div> <div style="margin-top: 5px;"> <i>Refer to item 11b.</i>              Are any income types listed in the Income Roster?           </div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1250</div> <div>             1 <input type="checkbox"/> Yes              2 <input type="checkbox"/> No — SKIP to 12a           </div> </div>
<b>NOTES</b>	

# Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

**11a.** According to the information we obtained last time, . . . had received (Read income types in item 11b, column (2)) during (8 months ago) through (5 months ago).

At any time during the past 4 months, that is \_\_\_\_\_, did . . . get income from (Read income types in item 11b, column (2))?

MARK (X) APPROPRIATE BOX IN ITEM 11b, COLUMN (4) FOR EACH INCOME TYPE LISTED.

**C.** If "No" in column (4) — In which month did . . . last receive (Read income type)?

**Note** — If last received in a month within the reference period, change the entry in column (4) to "Yes" and mark ISS.

## b. INCOME ROSTER (ISS CODES 1 — 56)

Line No. (1)	Income type (2)	Income code (3)	This reference period (4)	(5)
1		1252 <input type="checkbox"/>	1254 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No — Fill col. (5).	1255 <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received
2		1256 <input type="checkbox"/>	1258 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No — Fill col. (5).	1259 <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received
3		1260 <input type="checkbox"/>	1262 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No — Fill col. (5).	1263 <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received
4		1264 <input type="checkbox"/>	1266 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No — Fill col. (5).	1267 <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received
5		1268 <input type="checkbox"/>	1270 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No — Fill col. (5).	1271 <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received
6		1272 <input type="checkbox"/>	1274 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No — Fill col. (5).	1275 <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received
7		1276 <input type="checkbox"/>	1278 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No — Fill col. (5).	1279 <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received
8		1280 <input type="checkbox"/>	1282 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No — Fill col. (5).	1283 <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received

**12a.** At any time during this 4-month period, did . . . get any income from the Federal Government (that we haven't talked about)?

1284 1 ☐ Yes  
2 ☐ No — SKIP to 13a

**b.** What was it called?

Anything else?

Mark (X) all that apply.

1286 1 ☐ Social Security — Mark "1" on ISS  
1288 2 ☐ Federal Supplemental Security Income (Federal SSI) — Mark "3" on ISS  
1290 3 ☐ A serviceman's or widow's pension from the Veterans' Administration (VA) — Mark "8" on ISS  
1292 4 ☐ Anything else — Mark appropriate code on ISS and specify  
1294 ☐

**13a.** At any time during this 4-month period, did . . . receive any (other) pension, disability, retirement, or survivor income (that we haven't talked about)?

1296 1 ☐ Yes  
2 ☐ No — SKIP to Check Item R8

**b.** What was the source of this income?

Anything else?

Mark (X) all that apply.

1298 1 ☐ U.S. Government Railroad Retirement — Mark "2" on ISS  
1300 2 ☐ Black Lung payments — Mark "9" on ISS  
1302 3 ☐ Workers' Compensation — Mark "10" on ISS  
1304 4 ☐ Payments from a sickness, accident or disability insurance policy purchased on your own — Mark "13" on ISS  
1306 5 ☐ Pension from company or union — Mark "30" on ISS  
1308 6 ☐ Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS  
1310 7 ☐ U.S. Military retirement pay (exclude payments from the Veterans' Administration) — Mark "32" on ISS  
1312 8 ☐ National Guard or Reserve Forces retirement — Mark "33" on ISS  
1314 9 ☐ State government pension — Mark "34" on ISS  
1316 10 ☐ Local government pension — Mark "35" on ISS  
1318 11 ☐ Income from paid-up life insurance policies or annuities — Mark "36" on ISS  
1320 12 ☐ Other or DK — Specify and enter code from income source list. If income type is not listed or DK, enter code "38" — Mark ISS.  
1322 ☐

**CHECK  
ITEM R8**

Refer to cc item 47.

Is "Medicare" (code 172) marked for . . . ?

1324 1 ☐ Yes — Mark "172" on ISS and SKIP to Check Item R23, page 8  
2 ☐ No

# Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

<b>CHECK ITEM R9</b>	Refer to cc item 47. Is "Disabled" (code 171) marked for ...?	<b>1326</b>	1 <input type="checkbox"/> Yes — Mark "171" on ISS and SKIP to 23a, page 8 2 <input type="checkbox"/> No
<b>CHECK ITEM R10</b>	Refer to cc item 24. Is ... 65 years of age or older?	<b>1328</b>	1 <input type="checkbox"/> Yes — SKIP to 23a, page 8 2 <input type="checkbox"/> No — SKIP to Check Item R23, page 8
<b>CHECK ITEM R11</b>	Refer to cc items 32a and 32c. Is ... a veteran of the U.S. Armed Forces? (Mark "No" if currently in Armed Forces.)	<b>1330</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R12
<b>14a. How long did ... serve on active duty in the Armed Forces?</b>		<b>1332</b>	1 <input type="checkbox"/> Less than 6 months 2 <input type="checkbox"/> 6 to 23 months 3 <input type="checkbox"/> 2 to 19 years 4 <input type="checkbox"/> 20 or more years x1 <input type="checkbox"/> DK
<b>b. Does ... have a service connected disability; that is, a health condition or impairment caused or made worse by military service?</b>		<b>1334</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 14d
<b>c. What is ...'s VA percent disability rating?</b> Use the following probe if needed: (Such as 0, 10, 20, 30, 40, 50, 60, 70, 80, 90, 100%)		<b>1336</b>	<div style="display: flex; align-items: center;"> <input type="text"/> <input type="text"/> <input type="text"/> Percent         <div style="margin-left: 20px;">           x3 <input type="checkbox"/> 0%            x1 <input type="checkbox"/> DK            x2 <input type="checkbox"/> Ref.            101 <input type="checkbox"/> No rating         </div> <div style="margin-left: 20px; font-size: 2em;">}</div> <div>           Mark "200" on ISS if rating is 100%; otherwise, mark "201"         </div> </div>
<b>d. During this 4-month period, did ... receive any payments from the Veterans' Administration? (Exclude regular military retirement pay, insurance proceeds, and GI Bill benefits.)</b>		<b>1338</b>	1 <input type="checkbox"/> Yes — Mark "8" on ISS 2 <input type="checkbox"/> No
<b>CHECK ITEM R12</b>	Refer to cc item 24. Is ... 18 years of age or older?	<b>1340</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 18a
<b>15a. During this 4-month period, did ... receive any Social Security payments?</b>		<b>1342</b>	1 <input type="checkbox"/> Yes — Mark "1" on ISS 2 <input type="checkbox"/> No — SKIP to Check Item R14
<b>b. What is the reason ... is getting Social Security, is it because ... is (Read categories) —</b> Mark (X) only one.		<b>1344</b>	1 <input type="checkbox"/> Retired? 2 <input type="checkbox"/> Disabled? 3 <input type="checkbox"/> Widowed or surviving child? 4 <input type="checkbox"/> Spouse or dependent child? 5 <input type="checkbox"/> Some other reason x1 <input type="checkbox"/> DK } SKIP to 16a
<b>c. Sometimes people get Social Security for more than one reason. Is there another reason ... receives Social Security?</b>		<b>1346</b>	1 <input type="checkbox"/> Retired 2 <input type="checkbox"/> Disabled 3 <input type="checkbox"/> Widowed or surviving child 4 <input type="checkbox"/> Spouse or dependent child 5 <input type="checkbox"/> No other reason x1 <input type="checkbox"/> DK
<b>CHECK ITEM R13</b>	Refer to item 15b and 15c above. Is "Disabled" (box 2) marked in either item?	<b>1348</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 16a
<b>15d. At what age did ... begin receiving Social Security because of (his/her) disability?</b>		<b>1349</b>	<div style="display: flex; align-items: center;"> <input type="text"/> <input type="text"/> Age in years         <div style="margin-left: 20px;">           x1 <input type="checkbox"/> DK            x2 <input type="checkbox"/> Ref.         </div> <div style="margin-left: 20px; font-size: 2em;">}</div> <div>SKIP to 16a</div> </div>
<b>CHECK ITEM R14</b>	Refer to cc item 27. Is ... the designated parent or guardian of children under 18 years old who live in this household?	<b>1350</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 16a
<b>15e. During the 4-month period did ... receive any Social Security payments especially for ...'s children (under 18)?</b>		<b>1352</b>	1 <input type="checkbox"/> Yes — Mark "1" on ISS 2 <input type="checkbox"/> No
<b>16a. During this 4-month period did ... receive any SSI (Supplemental Security Income) payments from the U.S. Government?</b>		<b>1354</b>	1 <input type="checkbox"/> Yes — Mark "3" on ISS 2 <input type="checkbox"/> No — SKIP to Check Item R15
<b>b. Did ... also receive a SEPARATE SSI payment from the State or local welfare office during these months?</b>		<b>1356</b>	1 <input type="checkbox"/> Yes — Mark "4" on ISS 2 <input type="checkbox"/> No
<b>CHECK ITEM R15</b>	Refer to cc item 24. Is ... 40 years of age or older?	<b>1358</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 18a

# Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

<b>17a. Has . . . ever retired from a job or business?</b> (Include retirement from the military.)	<b>1360</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R16
<b>b. During the 4-month period did . . . receive any retirement income other than Social Security?</b>	<b>1362</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 17d
<b>c. What kind of retirement income?</b> <b>Anything else?</b> Mark (X) all that apply.	<b>1364</b> 1 <input type="checkbox"/> U.S. Government Railroad Retirement — Mark "2" on ISS <b>1366</b> 2 <input type="checkbox"/> Pension from company or union — Mark "30" on ISS <b>1368</b> 3 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS <b>1370</b> 4 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Veterans' Administration) — Mark "32" on ISS <b>1372</b> 5 <input type="checkbox"/> National Guard or Reserve Forces retirement — Mark "33" on ISS <b>1374</b> 6 <input type="checkbox"/> State government pension — Mark "34" on ISS <b>1376</b> 7 <input type="checkbox"/> Local government pension — Mark "35" on ISS <b>1378</b> 8 <input type="checkbox"/> Other or DK — Specify and enter code from income source list. If income type not listed or "DK," enter code "38" — Mark ISS. <b>1380</b> <input type="text"/> <input type="text"/>
<b>d. During this 4-month period, did . . . receive any regular income from a paid-up life insurance policy or any other annuities?</b>	<b>1382</b> 1 <input type="checkbox"/> Yes — Mark "36" on ISS 2 <input type="checkbox"/> No
<b>CHECK ITEM R16</b> Refer to cc item 24. Is . . . 70 years of age or older?	<b>1384</b> 1 <input type="checkbox"/> Yes — SKIP to Check Item R17 2 <input type="checkbox"/> No
<b>18a. Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do?</b>	<b>1386</b> 1 <input type="checkbox"/> Yes — Mark "171" on ISS 2 <input type="checkbox"/> No — SKIP to Check Item R17
<b>b. During this 4-month period, did . . . receive any income because of . . . 's health condition or disability? (Other than Social Security, SSI, or VA?)</b>	<b>1388</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item R17
<b>c. What kind of income?</b> <b>Anything else?</b> Mark (X) all that apply.	<b>1390</b> 1 <input type="checkbox"/> U.S. Government Railroad Retirement — Mark "2" on ISS <b>1392</b> 2 <input type="checkbox"/> Black Lung payments — Mark "9" on ISS <b>1394</b> 3 <input type="checkbox"/> Workers' Compensation — Mark "10" on ISS <b>1396</b> 4 <input type="checkbox"/> Payments from a sickness, accident or disability insurance policy purchased on your own — Mark "13" on ISS <b>1398</b> 5 <input type="checkbox"/> Pension from company or union — Mark "30" on ISS <b>1400</b> 6 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS <b>1402</b> 7 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Veterans' Administration) — Mark "32" on ISS <b>1406</b> 8 <input type="checkbox"/> State government pension — Mark "34" on ISS <b>1408</b> 9 <input type="checkbox"/> Local government pension — Mark "35" on ISS <b>1410</b> 10 <input type="checkbox"/> Other or DK — Specify and enter code from income source list. If income type not listed or "DK," enter code "38" — Mark ISS. <b>1412</b> <input type="text"/> <input type="text"/>
<b>CHECK ITEM R17</b> Refer to cc item 26a. What is . . . 's marital status?	<b>1414</b> 1 <input type="checkbox"/> Married — SKIP to 20 2 <input type="checkbox"/> Widowed — SKIP to 22a 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never married — SKIP to Check Item R18
<b>19. Did . . . receive any alimony (or support payments other than child support) during the 4-month period?</b>	<b>1416</b> 1 <input type="checkbox"/> Yes — Mark "29" on ISS and SKIP to Check Item R18 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item R18 x2 <input type="checkbox"/> Ref.
<b>20. (People who have been widowed or divorced sometimes receive income because of their former marriage.) Has . . . ever been widowed or divorced?</b>	<b>1418</b> 1 <input type="checkbox"/> Widowed — SKIP to 22a 2 <input type="checkbox"/> Divorced 3 <input type="checkbox"/> Both widowed and divorced 4 <input type="checkbox"/> No — SKIP to Check Item R21

## Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

<b>CHECK ITEM R18</b>	Refer to cc items 24, 25 and 27. Is ... the parent or guardian of children under 21 years old who live in this household?	1420	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item R19
<b>21.</b>	Did ... receive any child support payments during this 4-month period? (Include "pass through" child support payments paid through the welfare office. Exclude all other child support payments from the welfare office.)	1422	<input type="checkbox"/> Yes — Mark "28" on ISS <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref.
<b>CHECK ITEM R19</b>	Refer to item 20, page 7. Is "Both widowed and divorced" (box 3) marked?	1424	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item R21
<b>22a.</b>	During this 4-month period, did ... receive any pensions or annuities as a widow(er) (other than Social Security)?	1426	<input type="checkbox"/> Yes <input type="checkbox"/> No } SKIP to Check Item R21 <input type="checkbox"/> DK }
<b>b.</b>	What kind of income was this? Was there anything else? (SHOW FLASHCARD K) Mark (X) all that apply.	1428	<input type="checkbox"/> U.S. Government Railroad Retirement — Mark "2" on ISS <input type="checkbox"/> Veterans' Compensation or pension — Mark "8" on ISS <input type="checkbox"/> Black Lung payments — Mark "9" on ISS <input type="checkbox"/> Pension from company or union — Mark "30" on ISS <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Veterans' Administration) — Mark "32" on ISS <input type="checkbox"/> National Guard or Reserve Forces retirement — Mark "33" on ISS <input type="checkbox"/> State government pension — Mark "34" on ISS <input type="checkbox"/> Local government pension — Mark "35" on ISS <input type="checkbox"/> Income from paid-up life insurance policies or annuities — Mark "36" on ISS <input type="checkbox"/> Payments from estate or trust — Mark "37" on ISS <input type="checkbox"/> Other or DK — Specify and enter code from income source list. If income type not listed or "DK," enter code "38" — Mark ISS
<b>CHECK ITEM R20</b>	Refer to item 22b above. Is "Veterans Compensation or pension" (box 2) marked?	1454	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item R21
<b>22c.</b>	Did ...'s late spouse die while in the service or from a service-related injury?	1456	<input type="checkbox"/> Yes, in the service <input type="checkbox"/> Yes, from service-related injury <input type="checkbox"/> No
<b>CHECK ITEM R21</b>	Refer to cc item 24. Is ... 65 years of age or older?	1458	<input type="checkbox"/> Yes — SKIP to 23a <input type="checkbox"/> No
<b>CHECK ITEM R22</b>	Refer to item 18a, page 7. Does ... have a work disability?	1460	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item R23
<b>23a.</b>	Medicare is a health insurance program for disabled persons and persons 65 or older. People covered by Medicare have a card that looks like this (SHOW FL ASHCARD L). Was ... covered by Medicare?	1462	<input type="checkbox"/> Yes — Mark "172" on ISS <input type="checkbox"/> No } SKIP to Check Item R23 <input type="checkbox"/> DK }
<b>b.</b>	May I see ...'s Medicare card to record the claim number and type of coverage?	1464	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1464</div> <div style="border-bottom: 1px solid black; width: 100px; margin-right: 5px;"></div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1466</div> <div style="border-bottom: 1px solid black; width: 100px; margin-right: 5px;"></div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1467</div> <div style="border-bottom: 1px solid black; width: 100px;"></div> </div> <div style="margin-top: 10px;"> <div style="display: flex; align-items: center;"> <div style="width: 20px; text-align: center;">★</div> <div>           TYPE OF COVERAGE  <input type="checkbox"/> Hospital only (Type A)  <input type="checkbox"/> Medical only (Type B)  <input type="checkbox"/> Both hospital and medical (Types A and B)  <input type="checkbox"/> Card not available — ASK 23c         </div> <div style="margin-left: 10px;">           } SKIP to Check Item R23         </div> </div> </div>
<b>c.</b>	If I were to call later would you be able to provide me with ...'s Medicare number? (This information is especially important for the purposes of this survey.)	1470	<input type="checkbox"/> Yes — Mark Callback Summary and Reminder Card, Item 2 <input type="checkbox"/> No
<b>d.</b>	Medicare has an optional feature which costs extra and helps pay for doctor bills. Does ...'s Medicare help pay for doctor bills?	1472	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
<b>CHECK ITEM R23</b>	Refer to cc item 27. Is ... the designated parent or guardian of children under 18 years old who live in this household?	1474	<input type="checkbox"/> Yes — SKIP to Check Item R25 <input type="checkbox"/> No

# Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

<b>CHECK ITEM R24</b>	Refer to cc item 24. Is . . . 18 years of age or older?	<b>1476</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 27a
<b>CHECK ITEM R25</b>	Interview status of . . . 's spouse.	<b>1480</b>	1 <input type="checkbox"/> No spouse in household 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted — SKIP to Check Item R27
<b>CHECK ITEM R26</b>	Is ISS code "27" (Food stamps) listed in the Income Roster (item 11b, page 5)?	<b>1481</b>	1 <input type="checkbox"/> Yes — SKIP to 25a 2 <input type="checkbox"/> No
<b>24.</b>	Was . . . (or . . . 's spouse) authorized to receive food stamps at any time during the 4-month period? (An authorized person is one whose name appears on a certification card.)	<b>1482</b>	1 <input type="checkbox"/> Yes — Mark "27" on ISS 2 <input type="checkbox"/> No
<b>25a.</b>	(Other than what we have already mentioned) During the 4-month period, did . . . receive any (other) welfare such as AFDC, WIC, Foster Child Care, or General Assistance (for . . . or . . . 's children)? (Exclude energy assistance.)	<b>1484</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R27
<b>b.</b>	What kind of welfare did . . . receive? Anything else? Mark (X) all that apply.	<b>1486</b> <b>1488</b> <b>1490</b> <b>1492</b> <b>1494</b> <b>1496</b> <b>1498</b>	1 <input type="checkbox"/> AFDC — Mark "20" on ISS 2 <input type="checkbox"/> General Assistance or General Relief — Mark "21" on ISS 3 <input type="checkbox"/> Indian, Cuban or Refugee Assistance — Mark "22" on ISS 4 <input type="checkbox"/> Foster Child Care — Mark "23" on ISS 5 <input type="checkbox"/> WIC — Mark "25" on ISS 6 <input type="checkbox"/> Other or DK — Specify and enter code from income source list. If income type not listed or "DK," enter code "24" — Mark ISS <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; vertical-align: middle;"></div>
<b>CHECK ITEM R27</b>	Refer to cc item 47. Is "Medicaid" (code 173) marked for . . . ?	<b>1500</b>	1 <input type="checkbox"/> Yes — SKIP to 26b 2 <input type="checkbox"/> No
<b>26a.</b>	(Refer to FLASHCARD M for Medicaid name.) During the 4-month period, was . . . covered by (Use local name for Medicaid) or another public assistance program that pays for medical care?	<b>1502</b>	1 <input type="checkbox"/> Yes — Mark "173" on ISS 2 <input type="checkbox"/> No } SKIP to Check Item R28
<b>b.</b>	(Refer to FLASHCARD M for Medicaid name.) According to our last visit, . . . was covered by (Use local name for Medicaid). Was . . . covered by it at any time during the 4-month period?	<b>1504</b>	1 <input type="checkbox"/> Yes — Mark "173" on ISS 2 <input type="checkbox"/> No
<b>CHECK ITEM R28</b>	Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 years old who live in this household?	<b>1506</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R29
<b>26c.</b>	Were any of . . . 's children (under 18) covered by (Use local name for Medicaid)?	<b>1508</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R29
<b>d.</b>	Which children were covered?	<b>1510</b> <b>1512</b> <b>1514</b> <b>1516</b> <b>1518</b> <b>1520</b>	x5 <input type="checkbox"/> All children OR <div style="display: flex; justify-content: space-between;"> <div>Person No.</div> <div>Name</div> </div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; vertical-align: middle;"></div>
<b>CHECK ITEM R29</b>	Refer to items 26a–26d above. Was . . . or any of . . . 's children under 18 years old covered by Medicaid?	<b>1524</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 27a
<b>26e.</b>	Was (. . . / (and) . . . 's children) covered during the entire 4-month period?	<b>1526</b>	1 <input type="checkbox"/> Yes — SKIP to 27a 2 <input type="checkbox"/> No
<b>f.</b>	In which months was (. . . / (and) . . . 's children) covered? Mark (X) all that apply.	<b>1528</b> <b>1530</b> <b>1532</b> <b>1534</b>	1 <input type="checkbox"/> Last month 2 <input type="checkbox"/> 2 months ago 3 <input type="checkbox"/> 3 months ago 4 <input type="checkbox"/> 4 months ago

## Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

<b>27a. Was . . . covered by a health insurance plan at any time during the past 4 months?</b> (Include CHAMPUS, CHAMPVA, and military coverage.) (Exclude Medicaid, Medicare, and plans paying benefits only for accidents or specific diseases.)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1536</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item R30</i>
<b>b. Was . . . covered by a health insurance plan during the entire 4-month period?</b> <i>ASK OR VERIFY —</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1538</div> 1 <input type="checkbox"/> Yes — <i>SKIP to 27d</i> 2 <input type="checkbox"/> No
<b>c. In which months was . . . covered?</b> <i>Mark (X) all that apply.</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1540</div> 1 <input type="checkbox"/> Last month <div style="border: 1px solid black; padding: 2px; display: inline-block;">1542</div> 2 <input type="checkbox"/> 2 months ago <div style="border: 1px solid black; padding: 2px; display: inline-block;">1544</div> 3 <input type="checkbox"/> 3 months ago <div style="border: 1px solid black; padding: 2px; display: inline-block;">1546</div> 4 <input type="checkbox"/> 4 months ago
<b>d. Was . . . 's health insurance coverage from a plan in . . . 's own name (primary policy holder), or was . . . covered as a family member on someone else's plan?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1547</div> 1 <input type="checkbox"/> Plan in own name — <i>SKIP to 27f</i> 2 <input type="checkbox"/> Someone else's plan 3 <input type="checkbox"/> Both — <i>SKIP to 27f</i>
<b>e. Whose plan covered . . . ?</b>	Household member Person No. <span style="float: right;">Name</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1548</div> <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px; vertical-align: middle;"></span>
<b>f. Was . . . 's policy obtained through . . . 's current employer or union, through a former employer, through the CHAMPUS or CHAMPVA programs, or in some other way?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1549</div> 1 <input type="checkbox"/> Current employer or union 2 <input type="checkbox"/> Former employer 3 <input type="checkbox"/> CHAMPUS 4 <input type="checkbox"/> CHAMPVA 5 <input type="checkbox"/> Military 6 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK <div style="float: right; font-size: 2em; line-height: 1;">} <i>SKIP to 27h</i></div>
<b>g. Did . . . 's employer or union (former employer) pay all, part, or none of the cost of this plan?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1550</div> 1 <input type="checkbox"/> All 2 <input type="checkbox"/> Part 3 <input type="checkbox"/> None
<b>h. Was . . . 's plan an individual plan or a family plan?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1552</div> 1 <input type="checkbox"/> Individual — <i>SKIP to Check Item R30</i> 2 <input type="checkbox"/> Family
<b>i. Other than . . . , which persons in this household were covered by . . . 's plan?</b> (Include children as well as adults.)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1554</div> x5 <input type="checkbox"/> All persons Person No. <span style="float: right;">Name</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1556</div> <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px; vertical-align: middle;"></span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1558</div> <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px; vertical-align: middle;"></span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1560</div> <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px; vertical-align: middle;"></span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1562</div> <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px; vertical-align: middle;"></span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1564</div> <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px; vertical-align: middle;"></span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1566</div> x3 <input type="checkbox"/> None
<b>j. Did . . . 's plan cover anyone who did not live in this household during the past 4 months?</b> <i>Mark (X) all that apply.</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1567</div> 1 <input type="checkbox"/> Yes, spouse <div style="border: 1px solid black; padding: 2px; display: inline-block;">1568</div> 2 <input type="checkbox"/> Yes, child(ren) <div style="border: 1px solid black; padding: 2px; display: inline-block;">1569</div> 3 <input type="checkbox"/> Yes, someone else <div style="border: 1px solid black; padding: 2px; display: inline-block;">1570</div> 4 <input type="checkbox"/> No

NOTES

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

<b>CHECK ITEM R30</b>	Refer to cc items 24 and 27. Is . . . the designated parent or guardian of children under 15 years old who live in this household?	<b>1572</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R31, page 12																								
ASK OR VERIFY — <b>27k. Were all of . . . 's children under 15 years old covered by a health insurance plan?</b> (Include CHAMPUS, CHAMPVA, and military plans.) (Exclude Medicare, Medicaid, and plans paying benefits only for accidents or specific diseases.)		<b>1574</b> 1 <input type="checkbox"/> Yes — SKIP to 27m 2 <input type="checkbox"/> No																								
<b>l. Which children were covered by a health insurance plan?</b>		<table><tr><td></td><td>Person No.</td><td>Name</td></tr><tr><td><b>1575</b></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td><b>1576</b></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td><b>1577</b></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td><b>1578</b></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td><b>1579</b></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td colspan="3">OR</td></tr><tr><td><b>1580</b></td><td colspan="2">x3 <input type="checkbox"/> None — SKIP to Check Item R31, page 12</td></tr></table>		Person No.	Name	<b>1575</b>	<input type="text"/>	<input type="text"/>	<b>1576</b>	<input type="text"/>	<input type="text"/>	<b>1577</b>	<input type="text"/>	<input type="text"/>	<b>1578</b>	<input type="text"/>	<input type="text"/>	<b>1579</b>	<input type="text"/>	<input type="text"/>	OR			<b>1580</b>	x3 <input type="checkbox"/> None — SKIP to Check Item R31, page 12	
	Person No.	Name																								
<b>1575</b>	<input type="text"/>	<input type="text"/>																								
<b>1576</b>	<input type="text"/>	<input type="text"/>																								
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<b>1579</b>	<input type="text"/>	<input type="text"/>																								
OR																										
<b>1580</b>	x3 <input type="checkbox"/> None — SKIP to Check Item R31, page 12																									
<b>m. Were any of these children covered by the plan of someone who did not live in the household during the past 4 months?</b>		<table><tr><td><b>1581</b></td><td>1 <input type="checkbox"/> Yes — Which children?</td></tr><tr><td></td><td>Person No. Name</td></tr><tr><td><b>1582</b></td><td><input type="text"/></td></tr><tr><td><b>1583</b></td><td><input type="text"/></td></tr><tr><td><b>1584</b></td><td><input type="text"/></td></tr><tr><td><b>1585</b></td><td><input type="text"/></td></tr><tr><td><b>1586</b></td><td><input type="text"/></td></tr><tr><td><b>1587</b></td><td>2 <input type="checkbox"/> No</td></tr></table>	<b>1581</b>	1 <input type="checkbox"/> Yes — Which children?		Person No. Name	<b>1582</b>	<input type="text"/>	<b>1583</b>	<input type="text"/>	<b>1584</b>	<input type="text"/>	<b>1585</b>	<input type="text"/>	<b>1586</b>	<input type="text"/>	<b>1587</b>	2 <input type="checkbox"/> No								
<b>1581</b>	1 <input type="checkbox"/> Yes — Which children?																									
	Person No. Name																									
<b>1582</b>	<input type="text"/>																									
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<b>1585</b>	<input type="text"/>																									
<b>1586</b>	<input type="text"/>																									
<b>1587</b>	2 <input type="checkbox"/> No																									

NOTES

<b>Section 1 – LABOR FORCE AND RECIPIENCY (Continued)</b>			
<b>CHECK ITEM R31</b>	Refer to item 28b. Are any assets listed in the Asset Roster?	<b>1588</b>	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No — SKIP to 29a
<b>28a. According to the information we obtained last time, . . . had</b> (Read asset types in item 28b, column (2)) <b>during</b> (8 months ago) <b>through</b> (5 months ago). <b>At any time during the past 4 months, that is</b> _____, _____, and _____, <b>did . . . still own (have)</b> (Read asset types in item 28b, column (2))? (Exclude IRA, Keogh, and 401K accounts.) MARK (X) APPROPRIATE BOX IN ITEM 28b, COLUMN (4) FOR EACH ASSET TYPE LISTED.			
<b>b. ASSET ROSTER (ISS CODES 100—150, 174)</b>			
Line No. (1)	Asset type (2)	Asset code (3)	This reference period (4)
1		<b>1590</b> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<b>1592</b> <input type="checkbox"/> 1 Yes — Mark ISS <input type="checkbox"/> 2 No
2		<b>1594</b> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<b>1596</b> <input type="checkbox"/> 1 Yes — Mark ISS <input type="checkbox"/> 2 No
3		<b>1598</b> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<b>1600</b> <input type="checkbox"/> 1 Yes — Mark ISS <input type="checkbox"/> 2 No
4		<b>1602</b> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<b>1604</b> <input type="checkbox"/> 1 Yes — Mark ISS <input type="checkbox"/> 2 No
5		<b>1606</b> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<b>1608</b> <input type="checkbox"/> 1 Yes — Mark ISS <input type="checkbox"/> 2 No
6		<b>1610</b> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<b>1612</b> <input type="checkbox"/> 1 Yes — Mark ISS <input type="checkbox"/> 2 No
7		<b>1614</b> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<b>1616</b> <input type="checkbox"/> 1 Yes — Mark ISS <input type="checkbox"/> 2 No
8		<b>1618</b> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<b>1620</b> <input type="checkbox"/> 1 Yes — Mark ISS <input type="checkbox"/> 2 No
<b>29a. (In addition to the assets we have already mentioned) At any time during the 4-month period did . . . have any (other) kinds of assets which earn interest or bring in money, such as the ones shown on this card? (Exclude assets held in IRA, Keogh, and 401K accounts.) (SHOW FLASHCARD N.)</b>		<b>1622</b>	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input checked="" type="checkbox"/> x1 DK <input checked="" type="checkbox"/> x2 Ref. } SKIP to 30a
<b>b. Which kinds of these assets did . . . own?</b> Any others? (Exclude IRA, Keogh, and 401K accounts.)		<b>1626</b>	<input type="checkbox"/> 1 Regular or passbook savings accounts — Mark "100" on ISS <input type="checkbox"/> 2 Money market deposit accounts — Mark "101" on ISS <input type="checkbox"/> 3 Certificates of deposit or other savings certificates — Mark "102" on ISS <input type="checkbox"/> 4 Interest-earning checking accounts (such as NOW or Super NOW accounts) — Mark "103" on ISS <input type="checkbox"/> 5 Money market funds — Mark "104" on ISS <input type="checkbox"/> 6 U.S. Government securities — Mark "105" on ISS <input type="checkbox"/> 7 Municipal or corporate bonds — Mark "106" on ISS <input type="checkbox"/> 8 Mortgages — Mark "130" on ISS <input type="checkbox"/> 9 U.S. Savings Bonds (E, EE) — Mark "174" on ISS <input type="checkbox"/> 10 Other interest-earning assets — Mark "107" on ISS and specify _____  <input type="checkbox"/> 11 Stocks or mutual fund shares — Mark "110" on ISS <input type="checkbox"/> 12 Rental property — Mark "120" on ISS <input type="checkbox"/> 13 Royalties — Mark "140" on ISS <input type="checkbox"/> 14 Other financial investments — Mark "150" on ISS and specify _____

## Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

<b>30a. Was . . . enrolled in school, either full-time or part-time during any of the past 4 months? (Include any regular school, such as elementary, high school, or college, or any vocational, technical, or business school.)</b>	1656	<input type="checkbox"/> Yes, full-time <input type="checkbox"/> Yes, part-time <input type="checkbox"/> No — SKIP to Check Item R32
<b>b. During which months was . . . enrolled?</b> <i>Mark (X) all that apply.</i>	1658 1660 1662 1664 1666	<input type="checkbox"/> All months <input type="checkbox"/> Last month <input type="checkbox"/> 2 months ago <input type="checkbox"/> 3 months ago <input type="checkbox"/> 4 months ago
<b>c. At what level or grade was . . . enrolled?</b> <i>(If enrolled at more than one level during this period, check most recent level.)</i>	1668	<div style="display: flex; align-items: flex-start;"> <div style="flex: 1;"> <input type="checkbox"/> Elementary grades 1–8  <input type="checkbox"/> High school grades 9–12  <input type="checkbox"/> College year 1  <input type="checkbox"/> College year 2  <input type="checkbox"/> College year 3  <input type="checkbox"/> College year 4  <input type="checkbox"/> College year 5  <input type="checkbox"/> College year 6  <input type="checkbox"/> Vocational school  <input type="checkbox"/> Technical school  <input type="checkbox"/> Business school           </div> <div style="flex: 0.5; font-size: 3em; margin: 0 10px;">}</div> <div style="flex: 0.5; font-size: 0.8em;">             SKIP to Check Item R32           </div> </div>
<b>31a. Were any of . . . 's educational expenses during the last 4 months paid for by the GI Bill, a PELL (BEOG) Grant, a Guaranteed or National Direct Student Loan, any type of scholarship, grant, or other educational assistance?</b>	1670	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item R32
<b>b. What kind of educational assistance did . . . receive? Anything else?</b> <i>Mark (X) all that apply.</i>	1672 1674 1676 1678 1680 1682 1684 1686 1688 1690 1692	<input type="checkbox"/> GI Bill — Mark "40" on ISS <input type="checkbox"/> Other Veterans' Administration Educational Assistance Programs (Survivors and Dependents; Vocational Rehabilitation; Post-Vietnam Veterans) — Mark "41" on ISS <input type="checkbox"/> College Work Study — Mark "175" on ISS <input type="checkbox"/> PELL Grant — Mark "176" on ISS <input type="checkbox"/> Supplemental Educational Opportunity Grant (SEOG) — Mark "177" on ISS <input type="checkbox"/> National Direct Student Loan (NDSL) — Mark "178" on ISS <input type="checkbox"/> Guaranteed Student Loan — Mark "179" on ISS <input type="checkbox"/> JTPA Training — Mark "180" on ISS <input type="checkbox"/> Employer Assistance — Mark "181" on ISS <input type="checkbox"/> Fellowship/Scholarship — Mark "182" on ISS <input type="checkbox"/> Other financial aid — Mark "183" on ISS
<b>CHECK ITEM R32</b> Refer to cc item 26a. Is code 2 (married, spouse absent) the current entry?	1694	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item R33
<b>ASK OR VERIFY —</b> <b>32. Is . . . 's spouse in the Armed Forces?</b>	1696	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>CHECK ITEM R33</b> Are any codes (excluding codes 171–173, 200–201) marked on the ISS?	1698	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 34a
<b>33a. You said that during the 4-month period . . . received income from — (Read all items marked on the ISS, except codes 171–173, 200–201). Is that correct?</b>	1700	<input type="checkbox"/> Yes <input type="checkbox"/> No — Probe and resolve (Make corrections to ISS if necessary)
<b>b. Did . . . receive income from any other source such as financial help from someone outside the household, payments from the government or anything else?</b>	1702	<input type="checkbox"/> Yes — SKIP to 34b <input type="checkbox"/> No — SKIP to Check Item E1, page 15
<b>34a. I have not recorded any sources of income for . . . during the 4-month period. Did . . . receive income from some source we have not covered, such as financial help from someone outside the household, payments from the government or anything else?</b>	1704	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item P1, page 53
<b>b. What kind of income did . . . receive? Anything else?</b>	1706 1708 1710	Enter codes from income source list and mark ISS. <div style="margin-bottom: 5px;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> <div style="margin-bottom: 5px;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> <div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div>

NOTES

EARNINGS AND EMPLOYMENT

Section 2 – EARNINGS AND EMPLOYMENT

<b>CHECK ITEM E1</b>	Is "Worked" (code 170) marked on ISS?	<b>1712</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to first ISS Code marked or Check Item P1, page 53</i>
<b>1 a.</b>	<b>You said . . . worked during the 4-month period. Was . . . working for an employer or was . . . self-employed?</b> <b>(Include unpaid worker in family business or farm as working for an employer.)</b>	<b>1714</b>	1 <input type="checkbox"/> Worked for employer only 2 <input type="checkbox"/> Self-employed only — <i>SKIP to Statement B, page 20</i> 3 <input type="checkbox"/> Both worked for employer and self-employed
<b>b.</b>	<b>How many different employers did . . . work for during this 4-month period?</b>	<b>1716</b>	1 <input type="checkbox"/> 1 employer 2 <input type="checkbox"/> 2 employers 3 <input type="checkbox"/> 3 or more employers
<b>CHECK ITEM E2</b>	<i>Refer to item 1a above.</i> Is "Both worked for employer and self-employed" (box 3) marked?	<b>1718</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 2a, page 16</i>

<b>STATEMENT A</b>	<b>. . . worked for an employer and was also self-employed. The first questions will be about . . . 's work for an employer.</b>
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NOTES

EARNINGS AND EMPLOYMENT

Section 2 — EARNINGS AND EMPLOYMENT (Continued)	
Part A1 — EMPLOYER IDENTIFICATION NUMBER 1	
<b>2a. What is the name of the employer for whom ... worked during this 4-month period?</b> <i>(If ... worked for 2 employers, enter one employer here and the other in part A2, page 18. If ... worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom ... worked the most hours.)</i>	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> Employer name <div style="border: 1px solid black; padding: 2px;">2000</div>
<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">CHECK ITEM E3</div> Enter employer ID number from cc item 42, or if a new employer, enter the next available ID number →	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> Employer I.D. No. <div style="border: 1px solid black; padding: 2px;">2002</div>
<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">CHECK ITEM E3.1</div> Is the previous wave box marked for this employer in cc item 42?	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> <div style="border: 1px solid black; padding: 2px;">2003</div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes           <input type="checkbox"/> No — SKIP to 2c         </div>
<b>2b. Have ...'s main activities or duties for this employer changed during the past 8 months?</b>	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> <div style="border: 1px solid black; padding: 2px;">2004</div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes           <input type="checkbox"/> No — SKIP to 3a         </div>
<b>c. What kind of business or industry was (Name of company or business)?</b> For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.  ASK OR VERIFY —	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> <div style="border: 1px solid black; padding: 2px;">2005</div>
<b>d. Is it mainly —</b>	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> <div style="border: 1px solid black; padding: 2px;">2006</div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Manufacturing?           <input type="checkbox"/> Wholesale Trade?           <input type="checkbox"/> Retail Trade?           <input type="checkbox"/> Some other kind of business?         </div>
<b>e. What kind of work was ... doing on this job?</b> For example: Electrical engineer, stock clerk, typist, farmer.	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> <div style="border: 1px solid black; padding: 2px;">2008</div>
<b>f. What were ...'s main activities or duties on this job?</b> For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> <div style="border: 1px solid black; padding: 2px;">2010</div>
ASK OR VERIFY — <b>g. Was ... an employee of —</b>	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> <div style="border: 1px solid black; padding: 2px;">2012</div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> A private for-profit company or individual?           <input type="checkbox"/> A private not-for-profit, tax exempt, or charitable organization?           <input type="checkbox"/> Federal government (exclude Armed Forces)?           <input type="checkbox"/> State government?           <input type="checkbox"/> Local government?           <input type="checkbox"/> Armed Forces?           <input type="checkbox"/> Unpaid in family business or farm?         </div>
ASK OR VERIFY — <b>3a. Was ... employed by (Name of employer) during the entire 4-month period?</b>	<div style="border: 1px solid black; padding: 2px;">PGM 7</div> <div style="border: 1px solid black; padding: 2px;">2014</div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes — SKIP to 4           <input type="checkbox"/> No         </div>
<b>b. When was ... employed by (Name of employer) during this 4-month period?</b>	<div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px;">2016</div> FROM <div style="border: 1px solid black; padding: 2px;">  </div> Month <div style="border: 1px solid black; padding: 2px;">2018</div> <div style="border: 1px solid black; padding: 2px;">  </div> Day           </div> <div> <div style="border: 1px solid black; padding: 2px;">2020</div> TO <div style="border: 1px solid black; padding: 2px;">  </div> Month <div style="border: 1px solid black; padding: 2px;">2022</div> <div style="border: 1px solid black; padding: 2px;">  </div> Day           </div> </div>
<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">CHECK ITEM E3.2</div> Did ... stop working for this employer during the reference period?	<div style="border: 1px solid black; padding: 2px;">2023</div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes           <input type="checkbox"/> No — SKIP to 4         </div>
<b>3c. What is the main reason ... stopped working for (Name of employer)?</b> Mark (X) only one.	<div style="border: 1px solid black; padding: 2px;">2024</div> <div style="display: flex; justify-content: space-between;"> <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> Laid off           <input type="checkbox"/> Retired           <input type="checkbox"/> Discharged         </div> <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> Job was temporary and ended           <input type="checkbox"/> Quit to take another job           <input type="checkbox"/> Quit for some other reason         </div> </div>
ASK OR VERIFY — <b>4. How many hours per week did ... usually work at this job?</b>	<div style="border: 1px solid black; padding: 2px;">2025</div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 20px;"></div> Hours           <div style="margin-left: 10px;"> <input type="checkbox"/> None  <input type="checkbox"/> DK           </div> </div>
<b>5. Was ... paid by the hour on this job?</b>	<div style="border: 1px solid black; padding: 2px;">2026</div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes           <input type="checkbox"/> No — SKIP to 7a         </div>
<b>6. What was ...'s regular hourly pay rate at the end of (Read last month or "to" date in item 3b)?</b>	<div style="border: 1px solid black; padding: 2px;">2028</div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; width: 80px; height: 20px;"></div> <div style="margin-left: 5px;">\$</div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> DK           <input type="checkbox"/> Ref. — SKIP to Check Item E5         </div>
<b>7a. During the 4-month period, how often was ... paid on this job?</b>	<div style="border: 1px solid black; padding: 2px;">2029</div> <div style="display: flex; justify-content: space-between;"> <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> Once a week           <input type="checkbox"/> Once each 2 weeks           <input type="checkbox"/> Once a month           <input type="checkbox"/> Twice a month           <input type="checkbox"/> Unpaid in family business or farm — SKIP to Check Item E5         </div> <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> Some other way — Specify _____         </div> </div>
<b>b. On what date was ... last paid during this 4-month period?</b>	<div style="border: 1px solid black; padding: 2px;">2030</div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 20px;"></div> Month <div style="border: 1px solid black; padding: 2px;">2031</div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 20px;"></div> Day           <div style="margin-left: 10px;"> <input type="checkbox"/> DK  <input type="checkbox"/> Ref.           </div> </div>

## Section 2 — EARNINGS AND EMPLOYMENT (Continued)

### Part A1 — EMPLOYER IDENTIFICATION NUMBER 1(Continued)

#### 8a. READ STATEMENT ONLY ONCE PER RESPONDENT

The next question is about the pay . . . received from this job during the 4-month period. We need the most accurate figures you can provide. Be sure to include any tips, bonuses, overtime pay, or commissions.

What was the total amount of pay that . . . received BEFORE deductions on this job in (Read each month)?

FOR MEMBERS OF THE ARMED FORCES —  
(Be sure to include cash housing allowances and any other special types of pay.)

NOTE: Certain months contain 5 paydays for workers paid weekly and 3 paydays for workers paid every 2 weeks.



LAST MONTH

2032 \$  .  00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

INTERVIEWER  
USE ONLY

\$  .00

\$  .00

\$  .00

\$  .00

\$  .00

Total \$  .00

2 MONTHS AGO

2034 \$  .  00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$  .00

\$  .00

\$  .00

\$  .00

\$  .00

Total \$  .00

3 MONTHS AGO

2036 \$  .  00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$  .00

\$  .00

\$  .00

\$  .00

\$  .00

Total \$  .00

4 MONTHS AGO

2038 \$  .  00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$  .00

\$  .00

\$  .00

\$  .00

\$  .00

Total \$  .00

#### CHECK ITEM E4

Is "DK" marked in all parts of item 8a?

2040 1 ☐ Yes  
2 ☐ No — SKIP to 9a

8b. If I were to call back later would you (or . . .) be able to provide me with the amounts of pay . . . received in each of these months? (Information about how much . . . received each month is very important to the results of this survey.)

2042 1 ☐ Yes — Mark Callback Summary and Reminder Card, Item 3a  
2 ☐ No

9a. On this job, was . . . a member of a labor union or a member of an employee association similar to a union during the 4-month period?

2044 1 ☐ Yes — SKIP to Check Item E5  
2 ☐ No

b. Was . . . covered by a union or employee association contract during the 4-month period?

2046 1 ☐ Yes  
2 ☐ No

#### CHECK ITEM E5

Number of employers in item 1b, page 15?

2048 1 ☐ 1 employer — SKIP to Check Item E8, page 19  
2 ☐ 2 or more employers

## Section 2 — EARNINGS AND EMPLOYMENT (Continued)

### Part A2 — EMPLOYER IDENTIFICATION NUMBER 2

<b>10a. What is the name of the other employer for whom . . . worked during this 4-month period?</b> <i>(If . . . worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom . . . worked the most hours.)</i>	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> Employer name <div style="border: 1px solid black; padding: 2px;">2100</div>
<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">CHECK ITEM E6</div> Enter employer ID number from cc item 42, or if a new employer, enter the next available ID number. →	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> Employer I.D. No. <div style="border: 1px solid black; padding: 2px;">2102</div>
<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">CHECK ITEM E6.1</div> Is the previous wave box marked for this employer in cc item 42?	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> 1 <input type="checkbox"/> Yes <div style="border: 1px solid black; padding: 2px;">2103</div> 2 <input type="checkbox"/> No — SKIP to 10c
<b>10b. Have . . . 's main activities or duties for this employer changed during the past 8 months?</b>	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> 1 <input type="checkbox"/> Yes <div style="border: 1px solid black; padding: 2px;">2104</div> 2 <input type="checkbox"/> No — SKIP to 11a
<b>c. What kind of business or industry was</b> <i>(Name of company or business)?</i> <b>For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.</b>	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> <div style="border: 1px solid black; padding: 2px;">2105</div>
<b>ASK OR VERIFY —</b> <b>d. Is it mainly —</b>	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> 1 <input type="checkbox"/> <b>Manufacturing?</b> <div style="border: 1px solid black; padding: 2px;">2106</div> 2 <input type="checkbox"/> <b>Wholesale Trade?</b> 3 <input type="checkbox"/> <b>Retail Trade?</b> 4 <input type="checkbox"/> <b>Some other kind of business?</b>
<b>e. What kind of work was . . . doing on this job?</b> <b>For example: Electrical engineer, stock clerk, typist, farmer.</b>	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> <div style="border: 1px solid black; padding: 2px;">2108</div>
<b>f. What were . . . 's main activities or duties on this job?</b> <b>For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.</b>	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> <div style="border: 1px solid black; padding: 2px;">2110</div>
<b>ASK OR VERIFY —</b> <b>g. Was . . . an employee of —</b>	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> 1 <input type="checkbox"/> <b>A private for-profit company or individual?</b> <div style="border: 1px solid black; padding: 2px;">2112</div> 2 <input type="checkbox"/> <b>A private not-for-profit, tax exempt, or charitable organization?</b> 3 <input type="checkbox"/> <b>Federal government (exclude Armed Forces)?</b> 4 <input type="checkbox"/> <b>State government?</b> 5 <input type="checkbox"/> <b>Local government?</b> 6 <input type="checkbox"/> <b>Armed Forces?</b> 7 <input type="checkbox"/> <b>Unpaid in family business or farm?</b>
<b>ASK OR VERIFY —</b> <b>11a. Was . . . employed by (Name of employer) during the entire 4-month period?</b>	<div style="border: 1px solid black; padding: 2px;">PGM 7</div> 1 <input type="checkbox"/> Yes — SKIP to 12 <div style="border: 1px solid black; padding: 2px;">2114</div> 2 <input type="checkbox"/> No
<b>b. When was . . . employed by (Name of employer) during this 4-month period?</b>	<div style="border: 1px solid black; padding: 2px;">2116</div> FROM <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> Month <div style="border: 1px solid black; padding: 2px;">2118</div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> Day <div style="border: 1px solid black; padding: 2px;">2120</div> TO <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> Month <div style="border: 1px solid black; padding: 2px;">2122</div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> Day
<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">CHECK ITEM E6.2</div> Did . . . stop working for this employer during the reference period?	<div style="border: 1px solid black; padding: 2px;">2123</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 12
<b>11c. What is the main reason . . . stopped working for (Name of employer)?</b>	<div style="border: 1px solid black; padding: 2px;">2124</div> 1 <input type="checkbox"/> Laid off      4 <input type="checkbox"/> Job was temporary and ended 2 <input type="checkbox"/> Retired      5 <input type="checkbox"/> Quit to take another job 3 <input type="checkbox"/> Discharged    6 <input type="checkbox"/> Quit for some other reason
<b>ASK OR VERIFY —</b> <b>12. How many hours per week did . . . usually work at this job?</b>	<div style="border: 1px solid black; padding: 2px;">2125</div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK
<b>13. Was . . . paid by the hour on this job?</b>	<div style="border: 1px solid black; padding: 2px;">2126</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 15a
<b>14. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 11b)?</b>	<div style="border: 1px solid black; padding: 2px;">2128</div> \$ <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to Check Item E8
<b>15a. During the 4-month period, how often was . . . paid on this job?</b>	<div style="border: 1px solid black; padding: 2px;">2129</div> 1 <input type="checkbox"/> Once a week      6 <input type="checkbox"/> Some other way — 2 <input type="checkbox"/> Once each 2 weeks      Specify ↓ 3 <input type="checkbox"/> Once a month 4 <input type="checkbox"/> Twice a month 5 <input type="checkbox"/> Unpaid in family business or farm — SKIP to Check Item E8
<b>b. On what date was . . . last paid during this 4-month period?</b>	<div style="border: 1px solid black; padding: 2px;">2130</div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> Month <div style="border: 1px solid black; padding: 2px;">2131</div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> Day x1 <input type="checkbox"/> DK      x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.      x2 <input type="checkbox"/> Ref.

## Section 2 — EARNINGS AND EMPLOYMENT (Continued)

### Part A2 — EMPLOYER IDENTIFICATION NUMBER 2(Continued)

#### 16a. READ STATEMENT ONLY ONCE PER RESPONDENT

The next question is about the pay . . . received from this job during the 4-month period. We need the most accurate figures you can provide. Be sure to include any tips, bonuses, overtime pay, or commissions.

What was the total amount of pay that . . . received BEFORE deductions on this job in (Read each month)?

FOR MEMBERS OF THE ARMED FORCES — (Be sure to include cash housing allowances and any other special types of pay.)

NOTE: Certain months contain 5 paydays for workers paid weekly and 3 paydays for workers paid every 2 weeks.



LAST MONTH

2132

\$

00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

INTERVIEWER  
USE ONLY

\$ .00

\$ .00

\$ .00

\$ .00

\$ .00

Total \$ .00

2 MONTHS AGO

2134

\$

00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$ .00

\$ .00

\$ .00

\$ .00

\$ .00

Total \$ .00

3 MONTHS AGO

2136

\$

00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$ .00

\$ .00

\$ .00

\$ .00

\$ .00

Total \$ .00

4 MONTHS AGO

2138

\$

00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$ .00

\$ .00

\$ .00

\$ .00

\$ .00

Total \$ .00

#### CHECK ITEM E7

Is "DK" marked in all parts of item 16a?

2140

1 ☐ Yes

2 ☐ No — SKIP to 17a

16b. If I were to call back later would you (or . . .) be able to provide me with the amounts of pay . . . received in each of these months? (Information about how much . . . received each month is very important to the results of this survey.)

2142

1 ☐ Yes — Mark Callback Summary and Reminder Card, Item 3b

2 ☐ No

17a. On this job was . . . a member of a labor union or a member of an employee association similar to a union during the 4-month period?

2144

1 ☐ Yes — SKIP to Check Item E8

2 ☐ No

b. Was . . . covered by a union or employee association contract during the 4-month period?

2146

1 ☐ Yes

2 ☐ No

#### CHECK ITEM E8

Is "Both worked for employer and self-employed" (box 3) marked in item 1a, page 15?

2148

1 ☐ Yes — Read Statement B

2 ☐ No — SKIP to first ISS Code or Check Item P1, page 53

Section 2 — EARNINGS AND EMPLOYMENT (Continued)	
Part B1 — SELF-EMPLOYMENT IDENTIFICATION NUMBER 1	
<b>STATEMENT B</b> You said . . . was (also) self-employed during this 4-month period.	
<b>1 a. What was the name of . . . 's business/professional practice/farm?</b> <i>(If . . . was self-employed in 2 businesses, enter one business here and the other in part B2, page 22. If . . . was self-employed in 3 or more businesses, enter in B1 and B2 the 2 businesses producing the highest gross earnings.)</i>	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> Business name <div style="border: 1px solid black; padding: 2px;">2200</div>
<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">CHECK ITEM S1</div> Enter business ID number from cc item 43, or if a new business, enter the next available ID number.	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> Business I.D. No. <div style="border: 1px solid black; padding: 2px;">2201</div>
<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">CHECK ITEM S1.1</div> Is the previous wave box marked for this business in cc item 43?	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> <div style="border: 1px solid black; padding: 2px;">2202</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 1c
<b>1 b. Have . . . 's main activities or duties for this business changed during the past 8 months?</b>	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> <div style="border: 1px solid black; padding: 2px;">2203</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 1g
<b>c. What kind of business was this?</b>	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> <div style="border: 1px solid black; padding: 2px;">2204</div>
<b>d. Is it mainly —</b> ASK OR VERIFY —	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> <div style="border: 1px solid black; padding: 2px;">2206</div> 1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale Trade? 3 <input type="checkbox"/> Retail Trade? 4 <input type="checkbox"/> Some other kind of business?
<b>e. What kind of work was . . . doing at this business?</b>	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> <div style="border: 1px solid black; padding: 2px;">2208</div>
<b>f. What were . . . 's most important activities or duties at this business?</b>	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> <div style="border: 1px solid black; padding: 2px;">2210</div>
<b>g. How many hours per week did . . . usually work at this business?</b> ASK OR VERIFY —	<div style="border: 1px solid black; padding: 2px;">PGM 7</div> <div style="border: 1px solid black; padding: 2px;">2212</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK
<b>2. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months?</b> <i>Gross earnings include sales and receipts before expenses.</i>	<div style="border: 1px solid black; padding: 2px;">2214</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 10 x1 <input type="checkbox"/> DK
<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">CHECK ITEM S2</div> Have questions 3 — 5b already been answered for this business by another household member?	<div style="border: 1px solid black; padding: 2px;">2216</div> 1 <input type="checkbox"/> Yes — SKIP to 6a 2 <input type="checkbox"/> No
<b>3. What was the total number of employees working for this business? Be sure to include . . . .</b> <i>Enter 999 if 1,000 or more employees.</i>	<div style="border: 1px solid black; padding: 2px;">2218</div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> Employees x1 <input type="checkbox"/> DK
<b>4a. Was . . . 's business incorporated?</b>	<div style="border: 1px solid black; padding: 2px;">2220</div> 1 <input type="checkbox"/> Yes — SKIP to 5a 2 <input type="checkbox"/> No
<b>b. Was . . . 's business a sole proprietorship or a partnership?</b>	<div style="border: 1px solid black; padding: 2px;">2222</div> 1 <input type="checkbox"/> Sole proprietorship — SKIP to 6a 2 <input type="checkbox"/> Partnership
<b>5a. Aside from . . . were any other members of this household owners or partners in this business?</b>	<div style="border: 1px solid black; padding: 2px;">2224</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 6a
<b>b. Which members?</b>	<div style="border: 1px solid black; padding: 2px;">2226</div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> Person No. <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> Name <div style="border: 1px solid black; padding: 2px;">2228</div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; padding: 2px;">2230</div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>
<b>6a. Was . . . paid a regular salary from this business during the 4-month period?</b>	<div style="border: 1px solid black; padding: 2px;">2232</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>b. Did . . . receive any (other) income from the business during this 4-month period?</b>	<div style="border: 1px solid black; padding: 2px;">2234</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">CHECK ITEM S3</div> Is "Yes" marked in either item 6a or 6b?	<div style="border: 1px solid black; padding: 2px;">2236</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check item S5

## Section 2 — EARNINGS AND EMPLOYMENT (Continued)

### Part B1 — SELF-EMPLOYMENT IDENTIFICATION NUMBER 1 (Continued)

#### 7. READ STATEMENT ONLY ONCE PER RESPONDENT.

The next question is about the income . . . received from this business during the 4-month period. We need the most accurate figures you can provide.

What was the total amount of income that . . . received from this business in (Read each month)?



LAST MONTH

2238 \$  .  00

- x3 ☐ None  
x1 ☐ DK  
x2 ☐ Ref.

INTERVIEWER USE ONLY	
\$	.00
\$	.00
\$	.00
\$	.00
<b>Total</b>	\$ .00

2 MONTHS AGO

2240 \$  .  00

- x3 ☐ None  
x1 ☐ DK  
x2 ☐ Ref.

\$	.00
\$	.00
\$	.00
\$	.00
<b>Total</b>	\$ .00

3 MONTHS AGO

2242 \$  .  00

- x3 ☐ None  
x1 ☐ DK  
x2 ☐ Ref.

\$	.00
\$	.00
\$	.00
\$	.00
<b>Total</b>	\$ .00

4 MONTHS AGO

2244 \$  .  00

- x3 ☐ None  
x1 ☐ DK  
x2 ☐ Ref.

\$	.00
\$	.00
\$	.00
\$	.00
<b>Total</b>	\$ .00

#### CHECK ITEM S4

Is "DK" marked in all parts of item 7?

- 2246 1 ☐ Yes  
2 ☐ No — SKIP to Check Item S5

8. If I were to call back later would you (or . . .) be able to provide me with the amounts of income . . . received in each of these months? (Information about how much . . . received each month is very important to the results of this survey.)

- 2248 1 ☐ Yes — Mark Reminder Card and Callback Summary, Item 4a  
2 ☐ No

#### CHECK ITEM S5

Refer to item 4a, page 20.  
Is this business incorporated?

- 2250 1 ☐ Yes — SKIP to 11  
2 ☐ No

#### CHECK ITEM S6

Has information about the net profit (or loss) for this business already been obtained by another household member?

- 2252 1 ☐ Yes — SKIP to 11  
2 ☐ No

9a. Can you give me an estimate of the net profit or loss, that is, the difference between gross receipts and expenses for this business, during the 4-month period?

- 2254 1 ☐ Yes  
2 ☐ No — SKIP to 11

b. What was the net profit or loss?

If "broke even," mark \$1 in box.

2256 \$  .  00

2258 x4 ☐ Loss in amount box

} SKIP to 11

10. About how much did . . . earn from this business after expenses during the 4-month period?

2260 \$  .  00

- x3 ☐ None  
x1 ☐ DK  
x2 ☐ Ref.

11. Was . . . self-employed in any other business (professional practice/farm) during the 4-month period?

- 2262 1 ☐ Yes  
2 ☐ No — SKIP to first ISS Code or Check Item P1, page 53

## Section 2 — EARNINGS AND EMPLOYMENT (Continued)

### Part B2 — SELF-EMPLOYMENT IDENTIFICATION NUMBER 2

<b>12a. What was the name of . . . 's other business/ professional practice/farm?</b> <i>(If . . . was self-employed in 3 or more businesses, enter in B1 and B2 the 2 businesses producing the highest gross earnings.)</i>	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> Business name <div style="border: 1px solid black; padding: 2px;">2300</div>								
<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">CHECK ITEM S7</div> Enter business ID number from cc item 43, or if a new business, enter the next available ID number.	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> Business I.D. No. <div style="border: 1px solid black; padding: 2px;">2301</div>								
<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">CHECK ITEM S7.1</div> Is the previous wave box marked for this business in cc item 43?	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> <div style="border: 1px solid black; padding: 2px;">2302</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 12c								
<b>12b. Have . . . 's main activities or duties for this business changed during the past 8 months?</b>	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> <div style="border: 1px solid black; padding: 2px;">2303</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 12g								
<b>C. What kind of business was this?</b>	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> <div style="border: 1px solid black; padding: 2px;">2304</div>								
ASK OR VERIFY — <b>d. Is it mainly —</b>	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> <div style="border: 1px solid black; padding: 2px;">2306</div> 1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale Trade? 3 <input type="checkbox"/> Retail Trade? 4 <input type="checkbox"/> Some other kind of business?								
<b>e. What kind of work was . . . doing at this business?</b>	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> <div style="border: 1px solid black; padding: 2px;">2308</div>								
<b>f. What were . . . 's most important activities or duties at this business?</b>	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> <div style="border: 1px solid black; padding: 2px;">2310</div>								
ASK OR VERIFY — <b>g. How many hours per week did . . . usually work at this business?</b>	<div style="border: 1px solid black; padding: 2px;">PGM 7</div> <div style="border: 1px solid black; padding: 2px;">2312</div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div>Hours</div> </div> <div style="margin-top: 5px;">                         x3 <input type="checkbox"/> None                          x1 <input type="checkbox"/> DK                     </div>								
<b>13. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months?</b> <i>Gross earnings include sales and receipts before expenses.</i>	<div style="border: 1px solid black; padding: 2px;">2314</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 21 x1 <input type="checkbox"/> DK								
<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">CHECK ITEM S8</div> Have questions 14 — 16b already been answered for this business by another household member?	<div style="border: 1px solid black; padding: 2px;">2316</div> 1 <input type="checkbox"/> Yes — SKIP to 17a 2 <input type="checkbox"/> No								
<b>14. What was the total number of employees working for this business? Be sure to include . . .</b> <i>Enter 999 if 1,000 or more employees.</i>	<div style="border: 1px solid black; padding: 2px;">2318</div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div>Employees</div> </div> <div style="margin-top: 5px;">                         x1 <input type="checkbox"/> DK                     </div>								
<b>15a. Was . . . 's business incorporated?</b>	<div style="border: 1px solid black; padding: 2px;">2320</div> 1 <input type="checkbox"/> Yes — SKIP to 16a 2 <input type="checkbox"/> No								
<b>b. Was . . . 's business a sole proprietorship or a partnership?</b>	<div style="border: 1px solid black; padding: 2px;">2322</div> 1 <input type="checkbox"/> Sole proprietorship — SKIP to 17a 2 <input type="checkbox"/> Partnership								
<b>16a. Aside from . . . were any other members of this household owners or partners in this business?</b>	<div style="border: 1px solid black; padding: 2px;">2324</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 17a								
<b>b. Which members?</b>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%; text-align: center;">Person No.</th> <th style="width: 60%; text-align: center;">Name</th> </tr> </thead> <tbody> <tr> <td style="border: 1px solid black; text-align: center;">2326</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">2328</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">2330</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </tbody> </table>	Person No.	Name	2326		2328		2330	
Person No.	Name								
2326									
2328									
2330									
<b>17a. Was . . . paid a regular salary from this business during the 4-month period?</b>	<div style="border: 1px solid black; padding: 2px;">2332</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No								
<b>b. Did . . . receive any (other) income from the business during this 4-month period?</b>	<div style="border: 1px solid black; padding: 2px;">2334</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No								
<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">CHECK ITEM S9</div> Is "Yes" marked in either item 17a or 17b?	<div style="border: 1px solid black; padding: 2px;">2336</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item S11								

## Section 2 — EARNINGS AND EMPLOYMENT (Continued)

### Part B2 — SELF-EMPLOYMENT IDENTIFICATION NUMBER 2 (Continued)

#### 18. READ STATEMENT ONLY ONCE PER RESPONDENT.

The next question is about the income . . . received from this business during the 4-month period. We need the most accurate figures you can provide.

What was the total amount of income that . . . received from this business in (Read each month)?



#### INTERVIEWER USE ONLY

LAST MONTH

2338

\$  .  00

- x3 ☐ None  
x1 ☐ DK  
x2 ☐ Ref.

\$ .00

\$ .00

\$ .00

\$ .00

Total \$ .00

2 MONTHS AGO

2340

\$  .  00

- x3 ☐ None  
x1 ☐ DK  
x2 ☐ Ref.

\$ .00

\$ .00

\$ .00

\$ .00

Total \$ .00

3 MONTHS AGO

2342

\$  .  00

- x3 ☐ None  
x1 ☐ DK  
x2 ☐ Ref.

\$ .00

\$ .00

\$ .00

\$ .00

Total \$ .00

4 MONTHS AGO

2344

\$  .  00

- x3 ☐ None  
x1 ☐ DK  
x2 ☐ Ref.

\$ .00

\$ .00

\$ .00

\$ .00

Total \$ .00

#### CHECK ITEM S10

Is "DK" marked in all parts of item 18?

2346

- 1 ☐ Yes  
2 ☐ No — SKIP to Check Item S11

19. If I were to call back later would you (or . . .) be able to provide me with the amounts of income . . . received in each of these months? (Information about how much . . . received each month is very important to the results of this survey.)

2348

- 1 ☐ Yes — Mark Reminder Card and Callback Summary, Item 4b  
2 ☐ No

#### CHECK ITEM S11

Refer to item 15a, page 22.  
Is this business incorporated?

2350

- 1 ☐ Yes — SKIP to first ISS Code or Check Item P1, page 53  
2 ☐ No

#### CHECK ITEM S12

Has information about the net profit (or loss) for this business already been obtained by another household member?

2352

- 1 ☐ Yes — SKIP to first ISS Code or Check Item P1, page 53  
2 ☐ No

20a. Can you give me an estimate of the net profit or loss, that is, the difference between gross receipts and expenses for this business, during the 4-month period?

2354

- 1 ☐ Yes  
2 ☐ No — SKIP to first ISS Code or Check Item P1, page 53

b. What was the net profit or loss?

If "broke even," mark \$1 in box.

2356

\$  .  00

2358

x4 ☐ Loss in amount box

SKIP to first  
ISS Code or  
Check Item  
P1, page 53

21. About how much did . . . earn from this business after expenses during the 4-month period?

2360

\$  .  00

- x3 ☐ None  
x1 ☐ DK  
x2 ☐ Ref.

SKIP to first  
ISS Code or  
Check Item  
P1, page 53

<b>Section 3 – AMOUNTS</b>																			
<b>Part A – GENERAL AMOUNTS (ISS Codes 1 – 56)</b>																			
<b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b> <i>(Read "was authorized to receive" if asking about Food Stamps – code 27.)</i>	<b>3000</b>	Income code	Name of income type																
<b>CHECK ITEM A1</b> <i>Mark (X) income type code.</i>	<b>3002</b>	1 <input type="checkbox"/> ISS code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS code 25 (WIC) – <i>SKIP to 13a, page 27</i> 3 <input type="checkbox"/> ISS code 27 (Food Stamps) – <i>SKIP to 11a, page 26</i> 4 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 – <i>SKIP to Check Item A4</i> 5 <input type="checkbox"/> Other ISS codes – <i>SKIP to Check Item A4.1</i>																	
<b>CHECK ITEM A2</b> <i>Refer to cc item 27.</i> Is . . . a designated parent, or guardian of children under age 18?	<b>3004</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i>																	
<b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?</b>	<b>3006</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i>																	
<b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b>	<b>3008</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 9a</i>																	
<b>CHECK ITEM A3</b> <i>Refer to cc item 26a.</i> Is . . . married?	<b>3010</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A4.1</i>																	
<b>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?</b>	<b>3012</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A4.1</i>																	
<b>CHECK ITEM A4</b> Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?	<b>3014</b>	1 <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 53</i> 2 <input type="checkbox"/> No																	
<b>CHECK ITEM A4.1</b> <i>Refer to item 11b, page 5.</i> Is this income source listed on the income roster?	<b>3015</b>	1 <input type="checkbox"/> Yes – <i>ASK 5b</i> 2 <input type="checkbox"/> No – <i>ASK 5a</i>																	
<b>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)?</b> <i>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</i>  <b>b. Did . . . receive any (Read name of income type) in (Read each month)?</b> NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC. Social Security and SSI payments may be adjusted for inflation each January.	<div style="float: right; text-align: right;"> <b>5c. How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month before any deductions (including deductions for Medicare premiums).</b> </div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; vertical-align: top; padding: 5px;"> (Last month) . . . . . </td> <td style="width: 10%; text-align: center; vertical-align: top; padding: 5px;"><b>3016</b></td> <td style="width: 10%; vertical-align: top; padding: 5px;"> 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  x1 <input type="checkbox"/> DK </td> <td style="width: 40%; vertical-align: top; padding: 5px;"> <b>3018</b>      \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> . <span style="border: 1px solid black; display: inline-block; width: 20px; text-align: center;">00</span>  x1 <input type="checkbox"/> DK  x2 <input type="checkbox"/> Ref. </td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"> (2 months ago) . . . . . </td> <td style="text-align: center; vertical-align: top; padding: 5px;"><b>3020</b></td> <td style="vertical-align: top; padding: 5px;"> 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  x1 <input type="checkbox"/> DK </td> <td style="vertical-align: top; padding: 5px;"> <b>3022</b>      \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> . <span style="border: 1px solid black; display: inline-block; width: 20px; text-align: center;">00</span>  x1 <input type="checkbox"/> DK  x2 <input type="checkbox"/> Ref. </td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"> (3 months ago) . . . . . </td> <td style="text-align: center; vertical-align: top; padding: 5px;"><b>3024</b></td> <td style="vertical-align: top; padding: 5px;"> 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  x1 <input type="checkbox"/> DK </td> <td style="vertical-align: top; padding: 5px;"> <b>3026</b>      \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> . <span style="border: 1px solid black; display: inline-block; width: 20px; text-align: center;">00</span>  x1 <input type="checkbox"/> DK  x2 <input type="checkbox"/> Ref. </td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"> (4 months ago) . . . . . </td> <td style="text-align: center; vertical-align: top; padding: 5px;"><b>3028</b></td> <td style="vertical-align: top; padding: 5px;"> 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  x1 <input type="checkbox"/> DK </td> <td style="vertical-align: top; padding: 5px;"> <b>3030</b>      \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> . <span style="border: 1px solid black; display: inline-block; width: 20px; text-align: center;">00</span>  x1 <input type="checkbox"/> DK  x2 <input type="checkbox"/> Ref. </td> </tr> </table>			(Last month) . . . . .	<b>3016</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3018</b> \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> . <span style="border: 1px solid black; display: inline-block; width: 20px; text-align: center;">00</span> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	(2 months ago) . . . . .	<b>3020</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3022</b> \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> . <span style="border: 1px solid black; display: inline-block; width: 20px; text-align: center;">00</span> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	(3 months ago) . . . . .	<b>3024</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3026</b> \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> . <span style="border: 1px solid black; display: inline-block; width: 20px; text-align: center;">00</span> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	(4 months ago) . . . . .	<b>3028</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3030</b> \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> . <span style="border: 1px solid black; display: inline-block; width: 20px; text-align: center;">00</span> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(Last month) . . . . .	<b>3016</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3018</b> \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> . <span style="border: 1px solid black; display: inline-block; width: 20px; text-align: center;">00</span> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.																
(2 months ago) . . . . .	<b>3020</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3022</b> \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> . <span style="border: 1px solid black; display: inline-block; width: 20px; text-align: center;">00</span> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.																
(3 months ago) . . . . .	<b>3024</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3026</b> \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> . <span style="border: 1px solid black; display: inline-block; width: 20px; text-align: center;">00</span> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.																
(4 months ago) . . . . .	<b>3028</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3030</b> \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> . <span style="border: 1px solid black; display: inline-block; width: 20px; text-align: center;">00</span> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.																

Section 3 – AMOUNTS (Continued)		
Part A – GENERAL AMOUNTS (ISS Codes 1 – 56) (Continued)		
CHECK ITEM A5	Mark (X) income type code.	3032 1 <input type="checkbox"/> ISS code 1 or 2 – SKIP to Check Item A6.1 2 <input type="checkbox"/> ISS code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes – SKIP to next ISS Code or Check Item P1, page 53
6a. Were all the people living here covered by . . . 's payments?		3034 1 <input type="checkbox"/> Yes – SKIP to Check Item A6 2 <input type="checkbox"/> No
b. Which persons were covered?		Person No.      Name 3036 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3038 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3040 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3042 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3044 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3046 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3048 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3050 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3052 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3054 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CHECK ITEM A6	Is this ISS code "8"?	3056 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 53
7a. What type of Veterans' payments did . . . receive?		3058 1 <input type="checkbox"/> Service connected disability compensation 2 <input type="checkbox"/> Survivor benefits 3 <input type="checkbox"/> Veterans' pension 4 <input type="checkbox"/> Other Veterans' payments
b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?		3060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to next ISS Code or Check Item P1, page 53
CHECK ITEM A6.1	Refer to cc item 45. Was Social Security/Railroad Retirement (code 1 or code 2) marked for . . . in the previous reference period?	3062 1 <input type="checkbox"/> Yes – SKIP to Check Item A7 2 <input type="checkbox"/> No
(SHOW FLASHCARD O) 8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)		3064 1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct Deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
b. Do . . . 's payments usually come on the first of the month or the third?		3066 1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
CHECK ITEM A7	Refer to item 2, page 24. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	3068 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 53
NOTES		

Section 3 — AMOUNTS (Continued)																												
Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)																												
<b>9a. Were (Social Security/Railroad Retirement) payments received for ...'s children in (Read each month)?</b> NOTE — Social Security payments may be adjusted for inflation each January. (Last month) .....  (2 months ago) .....  (3 months ago) .....  (4 months ago) .....	<div><div><b>3070</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</div><div><b>3072</b> \$ <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div></div> <div><div><b>3074</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</div><div><b>3076</b> \$ <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div></div> <div><div><b>3078</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</div><div><b>3080</b> \$ <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div></div> <div><div><b>3082</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</div><div><b>3084</b> \$ <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div></div>																											
<b>10a. Were all children living here covered by these payments?</b>  <b>b. Which children were covered?</b>	<div><div><b>3086</b> 1 <input type="checkbox"/> Yes — SKIP to next ISS Code or Check Item P1, page 53 2 <input type="checkbox"/> No</div><table><thead><tr><th></th><th>Person No.</th><th>Name</th></tr></thead><tbody><tr><td><b>3088</b></td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td><td></td></tr><tr><td><b>3090</b></td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td><td></td></tr><tr><td><b>3092</b></td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td><td></td></tr><tr><td><b>3094</b></td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td><td></td></tr><tr><td><b>3096</b></td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td><td></td></tr><tr><td><b>3098</b></td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td><td></td></tr></tbody></table></div>		Person No.	Name	<b>3088</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<b>3090</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<b>3092</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<b>3094</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<b>3096</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<b>3098</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							
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<b>3098</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																											
SKIP to next ISS Code or Check Item P1, page 53																												
<b>11a. Were all the people living here covered under ...'s food stamp allotment?</b>  <b>b. Which persons were covered?</b>	<div><div><b>3100</b> 1 <input type="checkbox"/> Yes — SKIP to Check Item A7.1 2 <input type="checkbox"/> No</div><table><thead><tr><th></th><th>Person No.</th><th>Name</th></tr></thead><tbody><tr><td><b>3102</b></td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td><td></td></tr><tr><td><b>3104</b></td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td><td></td></tr><tr><td><b>3106</b></td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td><td></td></tr><tr><td><b>3108</b></td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td><td></td></tr><tr><td><b>3110</b></td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td><td></td></tr><tr><td><b>3112</b></td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td><td></td></tr><tr><td><b>3114</b></td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td><td></td></tr><tr><td><b>3116</b></td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td><td></td></tr></tbody></table></div>		Person No.	Name	<b>3102</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<b>3104</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<b>3106</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<b>3108</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<b>3110</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<b>3112</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<b>3114</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<b>3116</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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<b>3104</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																											
<b>3106</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																											
<b>3108</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																											
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<b>3112</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																											
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<b>3116</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																											

Section 3 — AMOUNTS (Continued)			
Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)			
<b>CHECK ITEM A7.1</b>	Refer to item 11b, page 5. Is food stamps (code 27) listed on the income roster?	<b>3121</b> 1 <input type="checkbox"/> Yes — ASK 12b 2 <input type="checkbox"/> No — ASK 12a	
<b>12a. In which month, during the 4 month reference period, did . . . begin to receive food stamps? Was it in (Read each month)?</b> <i>Mark "Yes" in item 12b for the first month received and mark "No" for the previous months. Then ask if it was received in each remaining month of the reference period.</i>  <b>b. Did . . . receive food stamps in (Read each month)?</b>  NOTE — Food stamp benefits may be adjusted for inflation in July and October.			
	(Last month) . . . . .	<b>3122</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>12c. If "Yes" in item 12b, ask — What was the total amount?</b>  <b>3124</b> \$ <input type="text"/> . <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	(2 months ago) . . . . .	<b>3126</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3128</b> \$ <input type="text"/> . <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	(3 months ago) . . . . .	<b>3130</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3132</b> \$ <input type="text"/> . <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	(4 months ago) . . . . .	<b>3134</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3136</b> \$ <input type="text"/> . <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
SKIP to next ISS Code or Check Item P1, page 53			
<b>13a. Did . . . receive any WIC benefits in (Read each month)?</b>  Mark (X) all that apply.	<b>3138</b> <b>3140</b> <b>3142</b> <b>3144</b>	1 <input type="checkbox"/> Last month 2 <input type="checkbox"/> 2 months ago 3 <input type="checkbox"/> 3 months ago 4 <input type="checkbox"/> 4 months ago	
	<b>b. Which persons were covered?</b>	Person No.      Name  <b>3146</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>3148</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>3150</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>3152</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>3154</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
SKIP to next ISS Code or Check Item P1, page 53			
NOTES			

Section 3 — AMOUNTS			
Part A — GENERAL AMOUNTS (ISS Codes 1 — 56)			
<b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b> (Read "was authorized to receive" if asking about Food Stamps — code 27.)		Income code	Name of income type
		3200	
<b>CHECK ITEM A1</b>	Mark (X) income type code.	3202	1 <input type="checkbox"/> ISS code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS code 25 (WIC) — SKIP to 13a, page 31 3 <input type="checkbox"/> ISS code 27 (Food Stamps) — SKIP to 11a, page 30 4 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 — SKIP to Check Item A4 5 <input type="checkbox"/> Other ISS codes — SKIP to Check Item A4.1
<b>CHECK ITEM A2</b>	Refer to cc item 27. Is . . . a designated parent, or guardian of children under age 18?	3204	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item A3
<b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?</b>		3206	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item A3
<b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b>		3208	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 9a
<b>CHECK ITEM A3</b>	Refer to cc item 26a. Is . . . married?	3210	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item A4.1
<b>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?</b>		3212	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item A4.1
<b>CHECK ITEM A4</b>	Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?	3214	1 <input type="checkbox"/> Yes — SKIP to next ISS Code or Check Item P1, page 53 2 <input type="checkbox"/> No
<b>CHECK ITEM A4.1</b>	Refer to item 11b, page 5. Is this income source listed on the income roster?	3215	1 <input type="checkbox"/> Yes — ASK 5b 2 <input type="checkbox"/> No — ASK 5a
<b>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)?</b> Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b. <b>b. Did . . . receive any (Read name of income type) in (Read each month)?</b> NOTE — Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC. Social Security and SSI payments may be adjusted for inflation each January.		<b>5c. How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month before any deductions (including deductions for Medicare premiums).</b>	
(Last month) . . . . .	3216	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3218 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago) . . . . .	3220	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3222 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3 months ago) . . . . .	3224	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3226 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4 months ago) . . . . .	3228	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3230 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

### Section 3 — AMOUNTS (Continued)

#### Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)

<b>CHECK ITEM A5</b>	Mark (X) income type code.	<b>3232</b> 1 <input type="checkbox"/> ISS code 1 or 2 — <i>SKIP to Check Item A6.1</i> 2 <input type="checkbox"/> ISS code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes — <i>SKIP to next ISS Code or Check Item P1, page 53</i>																																
<b>6a. Were all the people living here covered by . . . 's payments?</b>	<b>3234</b> 1 <input type="checkbox"/> Yes — <i>SKIP to Check Item A6</i> 2 <input type="checkbox"/> No																																	
<b>b. Which persons were covered?</b>	<table border="1"> <thead> <tr> <th></th><th>Person No.</th><th>Name</th></tr> </thead> <tbody> <tr><td><b>3236</b></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><b>3238</b></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><b>3240</b></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><b>3242</b></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><b>3244</b></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><b>3246</b></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><b>3248</b></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><b>3250</b></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><b>3252</b></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><b>3254</b></td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>		Person No.	Name	<b>3236</b>	<input type="text"/>	<input type="text"/>	<b>3238</b>	<input type="text"/>	<input type="text"/>	<b>3240</b>	<input type="text"/>	<input type="text"/>	<b>3242</b>	<input type="text"/>	<input type="text"/>	<b>3244</b>	<input type="text"/>	<input type="text"/>	<b>3246</b>	<input type="text"/>	<input type="text"/>	<b>3248</b>	<input type="text"/>	<input type="text"/>	<b>3250</b>	<input type="text"/>	<input type="text"/>	<b>3252</b>	<input type="text"/>	<input type="text"/>	<b>3254</b>	<input type="text"/>	<input type="text"/>
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<b>3254</b>	<input type="text"/>	<input type="text"/>																																
<b>CHECK ITEM A6</b>	Is this ISS code "8"?	<b>3256</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to next ISS Code or Check Item P1, page 53</i>																																
<b>7a. What type of Veterans' payments did . . . receive?</b>	<b>3258</b> 1 <input type="checkbox"/> Service connected disability compensation 2 <input type="checkbox"/> Survivor benefits 3 <input type="checkbox"/> Veterans' pension 4 <input type="checkbox"/> Other Veterans' payments																																	
<b>b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?</b>	<b>3260</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to next ISS Code or Check Item P1, page 53</i>																																	
<b>CHECK ITEM A6.1</b>	Refer to cc item 45. Was Social Security/Railroad Retirement (code 1 or code 2) marked for . . . in the previous reference period?	<b>3262</b> 1 <input type="checkbox"/> Yes — <i>SKIP to Check Item A7</i> 2 <input type="checkbox"/> No																																
<b>8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)</b>	<b>3264</b> 1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct Deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK																																	
<b>b. Do . . . 's payments usually come on the first of the month or the third?</b>	<b>3266</b> 1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK																																	
<b>CHECK ITEM A7</b>	Refer to item 2, page 28. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	<b>3268</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to next ISS Code or Check Item P1, page 53</i>																																
NOTES																																		

### Section 3 — AMOUNTS (Continued)

#### Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)

**9a. Were (Social Security/Railroad Retirement) payments received for ...'s children in (Read each month)?**

NOTE — Social Security payments may be adjusted for inflation each January.  
(Last month) .....

**3270** 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**9b. If "Yes" in item 9a — How much was received?**

**3272** \$  00  
x1 ☐ DK  
x2 ☐ Ref.

(2 months ago) .....

**3274** 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**3276** \$  00  
x1 ☐ DK  
x2 ☐ Ref.

(3 months ago) .....

**3278** 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**3280** \$  00  
x1 ☐ DK  
x2 ☐ Ref.

(4 months ago) .....

**3282** 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**3284** \$  00  
x1 ☐ DK  
x2 ☐ Ref.

VERIFY IF ONLY ONE CHILD OR ASK —

**10a. Were all children living here covered by these payments?**

**3286** 1 ☐ Yes — SKIP to next ISS Code or Check Item P1, page 53  
2 ☐ No

**b. Which children were covered?**

Person No.	Name
<b>3288</b> <input type="text"/>	
<b>3290</b> <input type="text"/>	
<b>3292</b> <input type="text"/>	
<b>3294</b> <input type="text"/>	
<b>3296</b> <input type="text"/>	
<b>3298</b> <input type="text"/>	

**SKIP to next ISS Code or Check Item P1, page 53**

**11a. Were all the people living here covered under ...'s food stamp allotment?**

**3300** 1 ☐ Yes — SKIP to Check Item A7.1  
2 ☐ No

**b. Which persons were covered?**

Person No.	Name
<b>3302</b> <input type="text"/>	
<b>3304</b> <input type="text"/>	
<b>3306</b> <input type="text"/>	
<b>3308</b> <input type="text"/>	
<b>3310</b> <input type="text"/>	
<b>3312</b> <input type="text"/>	
<b>3314</b> <input type="text"/>	
<b>3316</b> <input type="text"/>	

Section 3 – AMOUNTS (Continued)

Part A – GENERAL AMOUNTS (ISS Codes 1 – 56) (Continued)

CHECK  
ITEM A7.1

Refer to item 11b, page 5.  
Is food stamps (code 27) listed on the  
income roster?

3321

- 1 ☐ Yes – ASK 12b  
2 ☐ No – ASK 12a

**12a. In which month, during the 4 month  
reference period, did . . . begin to receive food  
stamps? Was it in (Read each month)?**  
Mark "Yes" in item 12b for the first month received  
and mark "No" for the previous months. Then ask if  
it was received in each remaining month of the  
reference period.

**b. Did . . . receive food stamps in (Read each month)?**

NOTE — Food stamp benefits may be adjusted  
for inflation in July and October.

(Last month) . . . . .

3322

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

(2 months ago) . . . . .

3326

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

(3 months ago) . . . . .

3330

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

(4 months ago) . . . . .

3334

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**12c. If "Yes" in item 12b, ask —  
What was the total amount?**

3324

\$  . 00  
x1 ☐ DK  
x2 ☐ Ref.

3328

\$  . 00  
x1 ☐ DK  
x2 ☐ Ref.

3332

\$  . 00  
x1 ☐ DK  
x2 ☐ Ref.

3336

\$  . 00  
x1 ☐ DK  
x2 ☐ Ref.

SKIP to next ISS Code or Check Item P1, page 53

**13a. Did . . . receive any WIC benefits in (Read each  
month)?**

Mark (X) all that apply.

3338

1 ☐ Last month

3340

2 ☐ 2 months ago

3342

3 ☐ 3 months ago

3344

4 ☐ 4 months ago

**b. Which persons were covered?**

Person No. Name

3346

3348

3350

3352

3354

SKIP to next ISS Code or Check Item P1, page 53

NOTES

Section 3 – AMOUNTS		
Part A – GENERAL AMOUNTS (ISS Codes 1 – 56)		
<b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b> (Read "was authorized to receive" if asking about Food Stamps – code 27.)		Income code      Name of income type <div>3400</div>
<b>CHECK ITEM A1</b>	Mark (X) income type code.	<div>3402</div> <div>1 <input type="checkbox"/> ISS code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS code 25 (WIC) – SKIP to 13a, page 35 3 <input type="checkbox"/> ISS code 27 (Food Stamps) – SKIP to 11a, page 34 4 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4 5 <input type="checkbox"/> Other ISS codes – SKIP to Check Item A4.1</div>
<b>CHECK ITEM A2</b>	Refer to cc item 27. Is . . . a designated parent, or guardian of children under age 18?	<div>3404</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3</div>
<b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?</b>		<div>3406</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3</div>
<b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b>		<div>3408</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9a</div>
<b>CHECK ITEM A3</b>	Refer to cc item 26a. Is . . . married?	<div>3410</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A4.1</div>
<b>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?</b>		<div>3412</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A4.1</div>
<b>CHECK ITEM A4</b>	Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?	<div>3414</div> <div>1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 53 2 <input type="checkbox"/> No</div>
<b>CHECK ITEM A4.1</b>	Refer to item 11b, page 5. Is this income source listed on the income roster?	<div>3415</div> <div>1 <input type="checkbox"/> Yes – ASK 5b 2 <input type="checkbox"/> No – ASK 5a</div>
<b>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)?</b> Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b. <b>b. Did . . . receive any (Read name of income type) in (Read each month)?</b> NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC. Social Security and SSI payments may be adjusted for inflation each January.  (Last month) . . . . .  (2 months ago) . . . . .  (3 months ago) . . . . .  (4 months ago) . . . . .		<div>5c. How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month before any deductions (including deductions for Medicare premiums).</div> <div><div>3416</div><div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</div><div>3418</div><div>\$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div><div>3420</div><div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</div><div>3422</div><div>\$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div><div>3424</div><div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</div><div>3426</div><div>\$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div><div>3428</div><div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</div><div>3430</div><div>\$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div></div>

Section 3 — AMOUNTS (Continued)																							
Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)																							
<b>CHECK ITEM A5</b>	<div>Mark (X) income type code.</div> <div>3432</div> <div><div><input type="checkbox"/> ISS code 1 or 2 — SKIP to Check Item A6.1</div><div><input type="checkbox"/> ISS code 8 or 20 through 24</div><div><input type="checkbox"/> All other income codes — SKIP to next ISS Code or Check Item P1, page 53</div></div>																						
<b>6a. Were all the people living here covered by . . . 's payments?</b>	<div>3434</div> <div><div><input type="checkbox"/> Yes — SKIP to Check Item A6</div><div><input type="checkbox"/> No</div></div>																						
<b>b. Which persons were covered?</b>	<table><thead><tr><th>Person No.</th><th>Name</th></tr></thead><tbody><tr><td>3436</td><td></td></tr><tr><td>3438</td><td></td></tr><tr><td>3440</td><td></td></tr><tr><td>3442</td><td></td></tr><tr><td>3444</td><td></td></tr><tr><td>3446</td><td></td></tr><tr><td>3448</td><td></td></tr><tr><td>3450</td><td></td></tr><tr><td>3452</td><td></td></tr><tr><td>3454</td><td></td></tr></tbody></table>	Person No.	Name	3436		3438		3440		3442		3444		3446		3448		3450		3452		3454	
Person No.	Name																						
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3446																							
3448																							
3450																							
3452																							
3454																							
<b>CHECK ITEM A6</b>	<div>Is this ISS code "8"?</div> <div>3456</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No — SKIP to next ISS Code or Check Item P1, page 53</div></div>																						
<b>7a. What type of Veterans' payments did . . . receive?</b>	<div>3458</div> <div><div><input type="checkbox"/> Service connected disability compensation</div><div><input type="checkbox"/> Survivor benefits</div><div><input type="checkbox"/> Veterans' pension</div><div><input type="checkbox"/> Other Veterans' payments</div></div>																						
<b>b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?</b>	<div>3460</div> <div><div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> DK</div></div><div>SKIP to next ISS Code or Check Item P1, page 53</div></div></div>																						
<b>CHECK ITEM A6.1</b>	<div>Refer to cc item 45.</div> <div>Was Social Security/Railroad Retirement (code 1 or code 2) marked for . . . in the previous reference period?</div> <div>3462</div> <div><div><input type="checkbox"/> Yes — SKIP to Check Item A7</div><div><input type="checkbox"/> No</div></div>																						
<b>8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)</b>	<div>(SHOW FLASHCARD O)</div> <div>3464</div> <div><div><input type="checkbox"/> Blue</div><div><input type="checkbox"/> Buff</div><div><input type="checkbox"/> Direct Deposit</div><div><input type="checkbox"/> Other</div><div><input type="checkbox"/> DK</div></div>																						
<b>b. Do . . . 's payments usually come on the first of the month or the third?</b>	<div>3466</div> <div><div><input type="checkbox"/> First</div><div><input type="checkbox"/> Third</div><div><input type="checkbox"/> Other</div><div><input type="checkbox"/> DK</div></div>																						
<b>CHECK ITEM A7</b>	<div>Refer to item 2, page 32.</div> <div>Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?</div> <div>3468</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No — SKIP to next ISS Code or Check Item P1, page 53</div></div>																						
NOTES																							

Section 3 – AMOUNTS (Continued)																			
Part A – GENERAL AMOUNTS (ISS Codes 1 – 56) (Continued)																			
<b>9a. Were (Social Security/Railroad Retirement) payments received for . . . 's children in (Read each month)?</b> NOTE – Social Security payments may be adjusted for inflation each January. (Last month) . . . . .  (2 months ago) . . . . .  (3 months ago) . . . . .  (4 months ago) . . . . .	<b>3470</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>9b. If "Yes" in item 9a – How much was received?</b> <b>3472</b> \$ <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.																	
	<b>3474</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3476</b> \$ <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.																	
	<b>3478</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3480</b> \$ <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.																	
	<b>3482</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3484</b> \$ <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.																	
	<b>3486</b> 1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 53 2 <input type="checkbox"/> No																		
<b>10a. Were all children living here covered by these payments?</b>  <b>b. Which children were covered?</b>	<table><thead><tr><th>Person No.</th><th>Name</th></tr></thead><tbody><tr><td><b>3488</b> <input type="text"/></td><td></td></tr><tr><td><b>3490</b> <input type="text"/></td><td></td></tr><tr><td><b>3492</b> <input type="text"/></td><td></td></tr><tr><td><b>3494</b> <input type="text"/></td><td></td></tr><tr><td><b>3496</b> <input type="text"/></td><td></td></tr><tr><td><b>3498</b> <input type="text"/></td><td></td></tr></tbody></table>		Person No.	Name	<b>3488</b> <input type="text"/>		<b>3490</b> <input type="text"/>		<b>3492</b> <input type="text"/>		<b>3494</b> <input type="text"/>		<b>3496</b> <input type="text"/>		<b>3498</b> <input type="text"/>				
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<b>3494</b> <input type="text"/>																			
<b>3496</b> <input type="text"/>																			
<b>3498</b> <input type="text"/>																			
SKIP to next ISS Code or Check Item P1, page 53																			
<b>11a. Were all the people living here covered under . . . 's food stamp allotment?</b>  <b>b. Which persons were covered?</b>	<b>3500</b> 1 <input type="checkbox"/> Yes – SKIP to Check Item A7.1 2 <input type="checkbox"/> No																		
	<table><thead><tr><th>Person No.</th><th>Name</th></tr></thead><tbody><tr><td><b>3502</b> <input type="text"/></td><td></td></tr><tr><td><b>3504</b> <input type="text"/></td><td></td></tr><tr><td><b>3506</b> <input type="text"/></td><td></td></tr><tr><td><b>3508</b> <input type="text"/></td><td></td></tr><tr><td><b>3510</b> <input type="text"/></td><td></td></tr><tr><td><b>3512</b> <input type="text"/></td><td></td></tr><tr><td><b>3514</b> <input type="text"/></td><td></td></tr><tr><td><b>3516</b> <input type="text"/></td><td></td></tr></tbody></table>		Person No.	Name	<b>3502</b> <input type="text"/>		<b>3504</b> <input type="text"/>		<b>3506</b> <input type="text"/>		<b>3508</b> <input type="text"/>		<b>3510</b> <input type="text"/>		<b>3512</b> <input type="text"/>		<b>3514</b> <input type="text"/>		<b>3516</b> <input type="text"/>
Person No.	Name																		
<b>3502</b> <input type="text"/>																			
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<b>3510</b> <input type="text"/>																			
<b>3512</b> <input type="text"/>																			
<b>3514</b> <input type="text"/>																			
<b>3516</b> <input type="text"/>																			

Section 3 – AMOUNTS (Continued)

Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)

CHECK  
ITEM A7.1

Refer to item 11b, page 5.  
Is food stamps (code 27) listed on the  
income roster?

3521

- 1 ☐ Yes – ASK 12b  
2 ☐ No – ASK 12a

12a. In which month, during the 4 month  
reference period, did . . . begin to receive food  
stamps? Was it in (Read each month)?

Mark "Yes" in item 12b for the first month received  
and mark "No" for the previous months. Then ask if  
it was received in each remaining month of the  
reference period.

b. Did . . . receive food stamps in (Read each month)?

NOTE – Food stamp benefits may be adjusted  
for inflation in July and October.

(Last month) . . . . .

3522

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

12c. If "Yes" in item 12b, ask –  
What was the total amount?

3524

\$  . 00  
x1 ☐ DK  
x2 ☐ Ref.

(2 months ago) . . . . .

3526

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

3528

\$  . 00  
x1 ☐ DK  
x2 ☐ Ref.

(3 months ago) . . . . .

3530

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

3532

\$  . 00  
x1 ☐ DK  
x2 ☐ Ref.

(4 months ago) . . . . .

3534

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

3536

\$  . 00  
x1 ☐ DK  
x2 ☐ Ref.

SKIP to next ISS Code or Check Item P1, page 53

13a. Did . . . receive any WIC benefits in (Read each  
month)?

Mark (X) all that apply.

3538

- 1 ☐ Last month  
2 ☐ 2 months ago  
3 ☐ 3 months ago  
4 ☐ 4 months ago

3540

3542

3544

b. Which persons were covered?

Person No. Name

3546

3548

3550

3552

3554

SKIP to next ISS Code or Check Item P1, page 53

NOTES

## Section 3 — AMOUNTS

### Part A — GENERAL AMOUNTS (ISS Codes 1 — 56)

<p><b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b> (Read "was authorized to receive" if asking about Food Stamps — code 27.)</p>	<p>Income code      Name of income type</p> <p><b>3600</b>      <input type="text"/> <input type="text"/></p>
<p><b>CHECK ITEM A1</b>      Mark (X) income type code.</p>	<p><b>3602</b></p> <p>1 <input type="checkbox"/> ISS code 1 or 2 (SS or RR)  2 <input type="checkbox"/> ISS code 25 (WIC) — SKIP to 13a, page 39  3 <input type="checkbox"/> ISS code 27 (Food Stamps) — SKIP to 11a, page 38  4 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 — SKIP to Check Item A4  5 <input type="checkbox"/> Other ISS codes — SKIP to Check Item A4.1</p>
<p><b>CHECK ITEM A2</b>      Refer to cc item 27. Is . . . a designated parent, or guardian of children under age 18?</p>	<p><b>3604</b></p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No — SKIP to Check Item A3</p>
<p><b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?</b></p>	<p><b>3606</b></p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No — SKIP to Check Item A3</p>
<p><b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b></p>	<p><b>3608</b></p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No — SKIP to 9a</p>
<p><b>CHECK ITEM A3</b>      Refer to cc item 26a. Is . . . married?</p>	<p><b>3610</b></p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No — SKIP to Check Item A4.1</p>
<p><b>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?</b></p>	<p><b>3612</b></p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No — SKIP to Check Item A4.1</p>
<p><b>CHECK ITEM A4</b>      Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?</p>	<p><b>3614</b></p> <p>1 <input type="checkbox"/> Yes — SKIP to next ISS Code or Check Item P1, page 53  2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM A4.1</b>      Refer to item 11b, page 5. Is this income source listed on the income roster?</p>	<p><b>3615</b></p> <p>1 <input type="checkbox"/> Yes — ASK 5b  2 <input type="checkbox"/> No — ASK 5a</p>
<p><b>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)?</b>  Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</p> <p><b>b. Did . . . receive any (Read name of income type) in (Read each month)?</b>  NOTE — Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.  Social Security and SSI payments may be adjusted for inflation each January.</p>	
<p>(Last month) . . . . .</p>	<p><b>3616</b>      1 <input type="checkbox"/> Yes                           2 <input type="checkbox"/> No                           x1 <input type="checkbox"/> DK</p>
<p>(2 months ago) . . . . .</p>	<p><b>3620</b>      1 <input type="checkbox"/> Yes                           2 <input type="checkbox"/> No                           x1 <input type="checkbox"/> DK</p>
<p>(3 months ago) . . . . .</p>	<p><b>3624</b>      1 <input type="checkbox"/> Yes                           2 <input type="checkbox"/> No                           x1 <input type="checkbox"/> DK</p>
<p>(4 months ago) . . . . .</p>	<p><b>3628</b>      1 <input type="checkbox"/> Yes                           2 <input type="checkbox"/> No                           x1 <input type="checkbox"/> DK</p>
<p><b>5c. How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month before any deductions (including deductions for Medicare premiums).</b></p>	
<p><b>3618</b>      \$ <input type="text"/> . <input type="text"/> 00                           x1 <input type="checkbox"/> DK                           x2 <input type="checkbox"/> Ref.</p>	
<p><b>3622</b>      \$ <input type="text"/> . <input type="text"/> 00                           x1 <input type="checkbox"/> DK                           x2 <input type="checkbox"/> Ref.</p>	
<p><b>3626</b>      \$ <input type="text"/> . <input type="text"/> 00                           x1 <input type="checkbox"/> DK                           x2 <input type="checkbox"/> Ref.</p>	
<p><b>3630</b>      \$ <input type="text"/> . <input type="text"/> 00                           x1 <input type="checkbox"/> DK                           x2 <input type="checkbox"/> Ref.</p>	

### Section 3 — AMOUNTS (Continued)

#### Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)

<b>CHECK ITEM A5</b>	Mark (X) income type code.	<b>3632</b>	<input type="checkbox"/> ISS code 1 or 2 — <i>SKIP to Check Item A6.1</i> <input type="checkbox"/> ISS code 8 or 20 through 24 <input type="checkbox"/> All other income codes — <i>SKIP to next ISS Code or Check Item P1, page 53</i>
<b>6a. Were all the people living here covered by . . . 's payments?</b>		<b>3634</b>	<input type="checkbox"/> Yes — <i>SKIP to Check Item A6</i> <input type="checkbox"/> No
<b>b. Which persons were covered?</b>			
		<b>3636</b>	<div style="display: flex; justify-content: space-between; font-size: small;"> <span>Person No.</span> <span>Name</span> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> </div>
		<b>3638</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> </div>
		<b>3640</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> </div>
		<b>3642</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> </div>
		<b>3644</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> </div>
		<b>3646</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> </div>
		<b>3648</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> </div>
		<b>3650</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> </div>
		<b>3652</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> </div>
		<b>3654</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> </div>
<b>CHECK ITEM A6</b>	Is this ISS code "8"?	<b>3656</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to next ISS Code or Check Item P1, page 53</i>
<b>7a. What type of Veterans' payments did . . . receive?</b>		<b>3658</b>	<input type="checkbox"/> Service connected disability compensation <input type="checkbox"/> Survivor benefits <input type="checkbox"/> Veterans' pension <input type="checkbox"/> Other Veterans' payments
<b>b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?</b>		<b>3660</b>	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> DK         </div> <div style="font-size: 2em; margin-right: 10px;">}</div> <div> <i>SKIP to next ISS Code or Check Item P1, page 53</i> </div> </div>
<b>CHECK ITEM A6.1</b>	Refer to cc item 45. Was Social Security/Railroad Retirement (code 1 or code 2) marked for . . . in the previous reference period?	<b>3662</b>	<input type="checkbox"/> Yes — <i>SKIP to Check Item A7</i> <input type="checkbox"/> No
<b>8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)</b>		<b>3664</b>	<input type="checkbox"/> Blue <input type="checkbox"/> Buff <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Other <input type="checkbox"/> DK
<b>b. Do . . . 's payments usually come on the first of the month or the third?</b>		<b>3666</b>	<input type="checkbox"/> First <input type="checkbox"/> Third <input type="checkbox"/> Other <input type="checkbox"/> DK
<b>CHECK ITEM A7</b>	Refer to item 2, page 36. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	<b>3668</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to next ISS Code or Check Item P1, page 53</i>
NOTES			

# Section 3 — AMOUNTS (Continued)

## Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)

### 9a. Were (Social Security/Railroad Retirement) payments received for ...'s children in (Read each month)?

NOTE — Social Security payments may be adjusted for inflation each January.

(Last month) .....

3670 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

### 9b. If "Yes" in item 9a — How much was received?

3672 \$ 00  
x1 ☐ DK  
x2 ☐ Ref.

(2 months ago) .....

3674 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

3676 \$ 00  
x1 ☐ DK  
x2 ☐ Ref.

(3 months ago) .....

3678 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

3680 \$ 00  
x1 ☐ DK  
x2 ☐ Ref.

(4 months ago) .....

3682 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

3684 \$ 00  
x1 ☐ DK  
x2 ☐ Ref.

VERIFY IF ONLY ONE CHILD OR ASK —

### 10a. Were all children living here covered by these payments?

3686 1 ☐ Yes — SKIP to next ISS Code or Check Item P1, page 53  
2 ☐ No

### b. Which children were covered?

Person No. Name

3688

3690

3692

3694

3696

3698

SKIP to next ISS Code or Check Item P1, page 53

### 11a. Were all the people living here covered under ...'s food stamp allotment?

3700 1 ☐ Yes — SKIP to Check Item A7.1  
2 ☐ No

### b. Which persons were covered?

Person No. Name

3702

3704

3706

3708

3710

3712

3714

3716

Section 3 – AMOUNTS (Continued)

Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)

CHECK  
ITEM A7.1

Refer to item 11b, page 5.  
Is food stamps (code 27) listed on the  
income roster?

3721

- 1 ☐ Yes – ASK 12b  
2 ☐ No – ASK 12a

**12a. In which month, during the 4 month  
reference period, did . . . begin to receive food  
stamps? Was it in (Read each month)?**  
*Mark "Yes" in item 12b for the first month received  
and mark "No" for the previous months. Then ask if  
it was received in each remaining month of the  
reference period.*  
**b. Did . . . receive food stamps in (Read each month)?**  
NOTE – Food stamp benefits may be adjusted  
for inflation in July and October.

(Last month) . . . . .

3722

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**12c. If "Yes" in item 12b, ask –  
What was the total amount?**

3724 \$ . 00  
x1 ☐ DK  
x2 ☐ Ref.

(2 months ago) . . . . .

3726

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

3728 \$ . 00  
x1 ☐ DK  
x2 ☐ Ref.

(3 months ago) . . . . .

3730

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

3732 \$ . 00  
x1 ☐ DK  
x2 ☐ Ref.

(4 months ago) . . . . .

3734

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

3736 \$ . 00  
x1 ☐ DK  
x2 ☐ Ref.

SKIP to next ISS Code or Check Item P1, page 53

**13a. Did . . . receive any WIC benefits in (Read each  
month)?**  
*Mark (X) all that apply.*

3738  
3740  
3742  
3744

- 1 ☐ Last month  
2 ☐ 2 months ago  
3 ☐ 3 months ago  
4 ☐ 4 months ago

**b. Which persons were covered?**

Person No. Name

3746

3748

3750

3752

3754

SKIP to next ISS Code or Check Item P1, page 53

NOTES

## Section 3 — AMOUNTS

### Part A — GENERAL AMOUNTS (ISS Codes 1 — 56)

<b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b> <i>(Read "was authorized to receive" if asking about Food Stamps — code 27.)</i>	<div style="display: flex; justify-content: space-between;"> <div>Income code</div> <div>Name of income type</div> </div> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="border: 1px solid black; padding: 2px 5px;">3800</span> <div style="flex-grow: 1; border-bottom: 1px solid black; margin-left: 5px;"></div> </div>
<b>CHECK ITEM A1</b> <i>Mark (X) income type code.</i>	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="border: 1px solid black; padding: 2px 5px;">3802</span> <div style="flex-grow: 1;"> <div style="display: flex; flex-direction: column; gap: 5px;"> <div>1 <input type="checkbox"/> ISS code 1 or 2 (SS or RR)</div> <div>2 <input type="checkbox"/> ISS code 25 (WIC) — <i>SKIP to 13a, page 43</i></div> <div>3 <input type="checkbox"/> ISS code 27 (Food Stamps) — <i>SKIP to 11a, page 42</i></div> <div>4 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 — <i>SKIP to Check Item A4</i></div> <div>5 <input type="checkbox"/> Other ISS codes — <i>SKIP to Check Item A4.1</i></div> </div> </div> </div>
<b>CHECK ITEM A2</b> <i>Refer to cc item 27.</i> <i>Is . . . a designated parent, or guardian of children under age 18?</i>	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="border: 1px solid black; padding: 2px 5px;">3804</span> <div style="flex-grow: 1;"> <div style="display: flex; flex-direction: column; gap: 5px;"> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No — <i>SKIP to Check Item A3</i></div> </div> </div> </div>
<b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?</b>	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="border: 1px solid black; padding: 2px 5px;">3806</span> <div style="flex-grow: 1;"> <div style="display: flex; flex-direction: column; gap: 5px;"> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No — <i>SKIP to Check Item A3</i></div> </div> </div> </div>
<b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b>	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="border: 1px solid black; padding: 2px 5px;">3808</span> <div style="flex-grow: 1;"> <div style="display: flex; flex-direction: column; gap: 5px;"> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No — <i>SKIP to 9a</i></div> </div> </div> </div>
<b>CHECK ITEM A3</b> <i>Refer to cc item 26a.</i> <i>Is . . . married?</i>	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="border: 1px solid black; padding: 2px 5px;">3810</span> <div style="flex-grow: 1;"> <div style="display: flex; flex-direction: column; gap: 5px;"> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No — <i>SKIP to Check Item A4.1</i></div> </div> </div> </div>
<b>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?</b>	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="border: 1px solid black; padding: 2px 5px;">3812</span> <div style="flex-grow: 1;"> <div style="display: flex; flex-direction: column; gap: 5px;"> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No — <i>SKIP to Check Item A4.1</i></div> </div> </div> </div>
<b>CHECK ITEM A4</b> <i>Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?</i>	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="border: 1px solid black; padding: 2px 5px;">3814</span> <div style="flex-grow: 1;"> <div style="display: flex; flex-direction: column; gap: 5px;"> <div>1 <input type="checkbox"/> Yes — <i>SKIP to next ISS Code or Check Item P1, page 53</i></div> <div>2 <input type="checkbox"/> No</div> </div> </div> </div>
<b>CHECK ITEM A4.1</b> <i>Refer to item 11b, page 5.</i> <i>Is this income source listed on the income roster?</i>	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="border: 1px solid black; padding: 2px 5px;">3815</span> <div style="flex-grow: 1;"> <div style="display: flex; flex-direction: column; gap: 5px;"> <div>1 <input type="checkbox"/> Yes — <i>ASK 5b</i></div> <div>2 <input type="checkbox"/> No — <i>ASK 5a</i></div> </div> </div> </div>
<b>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)?</b> <i>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</i>  <b>b. Did . . . receive any (Read name of income type) in (Read each month)?</b> NOTE — Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC. Social Security and SSI payments may be adjusted for inflation each January.	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>5c. How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month before any deductions (including deductions for Medicare premiums).</b> </div> <div style="width: 5%;"></div> <div style="width: 50%;"> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="border: 1px solid black; padding: 2px 5px;">3818</span> <div style="flex-grow: 1;"> <div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; flex-grow: 1; margin-right: 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px; text-align: center;">00</div> </div> <div style="margin-top: 5px;"> x1 <input type="checkbox"/> DK  x2 <input type="checkbox"/> Ref. </div> </div> </div> </div> </div> </div>
(Last month) . . . . .	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="border: 1px solid black; padding: 2px 5px;">3816</span> <div style="flex-grow: 1;"> <div style="display: flex; flex-direction: column; gap: 5px;"> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div> </div> </div> </div>
(2 months ago) . . . . .	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="border: 1px solid black; padding: 2px 5px;">3820</span> <div style="flex-grow: 1;"> <div style="display: flex; flex-direction: column; gap: 5px;"> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div> </div> </div> </div>
(3 months ago) . . . . .	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="border: 1px solid black; padding: 2px 5px;">3824</span> <div style="flex-grow: 1;"> <div style="display: flex; flex-direction: column; gap: 5px;"> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div> </div> </div> </div>
(4 months ago) . . . . .	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="border: 1px solid black; padding: 2px 5px;">3828</span> <div style="flex-grow: 1;"> <div style="display: flex; flex-direction: column; gap: 5px;"> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div> </div> </div> </div>

### Section 3 — AMOUNTS (Continued)

#### Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)

<b>CHECK ITEM A5</b> <i>Mark (X) income type code.</i>	3832	1 <input type="checkbox"/> ISS code 1 or 2 — <i>SKIP to Check Item A6.1</i> 2 <input type="checkbox"/> ISS code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes — <i>SKIP to next ISS Code or Check Item P1, page 53</i>																																	
<b>6a. Were all the people living here covered by . . . 's payments?</b>	3834	1 <input type="checkbox"/> Yes — <i>SKIP to Check Item A6</i> 2 <input type="checkbox"/> No																																	
<b>b. Which persons were covered?</b>		<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th><th style="width: 20%; text-align: center;">Person No.</th><th style="width: 70%; text-align: center;">Name</th></tr> </thead> <tbody> <tr><td style="text-align: center;">3836</td><td style="text-align: center;">[ ][ ]</td><td></td></tr> <tr><td style="text-align: center;">3838</td><td style="text-align: center;">[ ][ ]</td><td></td></tr> <tr><td style="text-align: center;">3840</td><td style="text-align: center;">[ ][ ]</td><td></td></tr> <tr><td style="text-align: center;">3842</td><td style="text-align: center;">[ ][ ]</td><td></td></tr> <tr><td style="text-align: center;">3844</td><td style="text-align: center;">[ ][ ]</td><td></td></tr> <tr><td style="text-align: center;">3846</td><td style="text-align: center;">[ ][ ]</td><td></td></tr> <tr><td style="text-align: center;">3848</td><td style="text-align: center;">[ ][ ]</td><td></td></tr> <tr><td style="text-align: center;">3850</td><td style="text-align: center;">[ ][ ]</td><td></td></tr> <tr><td style="text-align: center;">3852</td><td style="text-align: center;">[ ][ ]</td><td></td></tr> <tr><td style="text-align: center;">3854</td><td style="text-align: center;">[ ][ ]</td><td></td></tr> </tbody> </table>		Person No.	Name	3836	[ ][ ]		3838	[ ][ ]		3840	[ ][ ]		3842	[ ][ ]		3844	[ ][ ]		3846	[ ][ ]		3848	[ ][ ]		3850	[ ][ ]		3852	[ ][ ]		3854	[ ][ ]	
	Person No.	Name																																	
3836	[ ][ ]																																		
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3852	[ ][ ]																																		
3854	[ ][ ]																																		
<b>CHECK ITEM A6</b> <i>Is this ISS code "8"?</i>	3856	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to next ISS Code or Check Item P1, page 53</i>																																	
<b>7a. What type of Veterans' payments did . . . receive?</b>	3858	1 <input type="checkbox"/> Service connected disability compensation 2 <input type="checkbox"/> Survivor benefits 3 <input type="checkbox"/> Veterans' pension 4 <input type="checkbox"/> Other Veterans' payments																																	
<b>b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?</b>	3860	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK																																	
<b>CHECK ITEM A6.1</b> <i>Refer to cc item 45.</i> Was Social Security/Railroad Retirement (code 1 or code 2) marked for . . . in the previous reference period?	3862	1 <input type="checkbox"/> Yes — <i>SKIP to Check Item A7</i> 2 <input type="checkbox"/> No																																	
<b>8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)</b>	3864	1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct Deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK																																	
<b>b. Do . . . 's payments usually come on the first of the month or the third?</b>	3866	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK																																	
<b>CHECK ITEM A7</b> <i>Refer to item 2, page 40.</i> Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	3868	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to next ISS Code or Check Item P1, page 53</i>																																	
NOTES																																			

# Section 3 — AMOUNTS (Continued)

## Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)

### 9a. Were (Social Security/Railroad Retirement) payments received for ...'s children in (Read each month)?

NOTE — Social Security payments may be adjusted for inflation each January.

(Last month) .....

**3870** 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

### 9b. If "Yes" in item 9a — How much was received?

**3872** \$  00  
x1 ☐ DK  
x2 ☐ Ref.

(2 months ago) .....

**3874** 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**3876** \$  00  
x1 ☐ DK  
x2 ☐ Ref.

(3 months ago) .....

**3878** 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**3880** \$  00  
x1 ☐ DK  
x2 ☐ Ref.

(4 months ago) .....

**3882** 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**3884** \$  00  
x1 ☐ DK  
x2 ☐ Ref.

VERIFY IF ONLY ONE CHILD OR ASK —

### 10a. Were all children living here covered by these payments?

**3886** 1 ☐ Yes — SKIP to next ISS Code or Check Item P1, page 53  
2 ☐ No

### b. Which children were covered?

Person No. Name

**3888**

**3890**

**3892**

**3894**

**3896**

**3898**

SKIP to next ISS Code or Check Item P1, page 53

### 11a. Were all the people living here covered under ...'s food stamp allotment?

**3900** 1 ☐ Yes — SKIP to Check Item A7.1  
2 ☐ No

### b. Which persons were covered?

Person No. Name

**3902**

**3904**

**3906**

**3908**

**3910**

**3912**

**3914**

**3916**

### Section 3 — AMOUNTS (Continued)

#### Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)

#### CHECK ITEM A7.1

Refer to item 11b, page 5.

Is food stamps (code 27) listed on the  
income roster?

3921

- 1 ☐ Yes — ASK 12b  
2 ☐ No — ASK 12a

**12a. In which month, during the 4 month  
reference period, did . . . begin to receive food  
stamps? Was it in (Read each month)?**

Mark "Yes" in item 12b for the first month received  
and mark "No" for the previous months. Then ask if  
it was received in each remaining month of the  
reference period.

**b. Did . . . receive food stamps in (Read each month)?**

NOTE — Food stamp benefits may be adjusted  
for inflation in July and October.

**12c. If "Yes" in item 12b, ask —  
What was the total amount?**

(Last month) . . . . .

3922

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

3924

\$ . 00

- x1 ☐ DK  
x2 ☐ Ref.

(2 months ago) . . . . .

3926

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

3928

\$ . 00

- x1 ☐ DK  
x2 ☐ Ref.

(3 months ago) . . . . .

3930

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

3932

\$ . 00

- x1 ☐ DK  
x2 ☐ Ref.

(4 months ago) . . . . .

3934

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

3936

\$ . 00

- x1 ☐ DK  
x2 ☐ Ref.

**SKIP to next ISS Code or Check Item P1, page 53**

**13a. Did . . . receive any WIC benefits in (Read each  
month)?**

Mark (X) all that apply.

3938

1 ☐ Last month

3940

2 ☐ 2 months ago

3942

3 ☐ 3 months ago

3944

4 ☐ 4 months ago

**b. Which persons were covered?**

Person No. Name

3946

3948

3950

3952

3954

**SKIP to next ISS Code or Check Item P1, page 53**

NOTES

## Section 3 — AMOUNTS

### Part A — GENERAL AMOUNTS (ISS Codes 1 — 56)

<b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b> <i>(Read "was authorized to receive" if asking about Food Stamps — code 27.)</i>	Income code      Name of income type <div style="border: 1px solid black; padding: 2px;">4000</div>
<b>CHECK ITEM A1</b> <i>Mark (X) income type code.</i>	<div style="border: 1px solid black; padding: 2px;">4002</div> 1 <input type="checkbox"/> ISS code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS code 25 (WIC) — <i>SKIP to 13a, page 47</i> 3 <input type="checkbox"/> ISS code 27 (Food Stamps) — <i>SKIP to 11a, page 46</i> 4 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 — <i>SKIP to Check Item A4</i> 5 <input type="checkbox"/> Other ISS codes — <i>SKIP to Check Item A4.1</i>
<b>CHECK ITEM A2</b> <i>Refer to cc item 27.</i> Is . . . a designated parent, or guardian of children under age 18?	<div style="border: 1px solid black; padding: 2px;">4004</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item A3</i>
<b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?</b>	<div style="border: 1px solid black; padding: 2px;">4006</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item A3</i>
<b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b>	<div style="border: 1px solid black; padding: 2px;">4008</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 9a</i>
<b>CHECK ITEM A3</b> <i>Refer to cc item 26a.</i> Is . . . married?	<div style="border: 1px solid black; padding: 2px;">4010</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item A4.1</i>
<b>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?</b>	<div style="border: 1px solid black; padding: 2px;">4012</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item A4.1</i>
<b>CHECK ITEM A4</b> <i>Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?</i>	<div style="border: 1px solid black; padding: 2px;">4014</div> 1 <input type="checkbox"/> Yes — <i>SKIP to next ISS Code or Check Item P1, page 53</i> 2 <input type="checkbox"/> No
<b>CHECK ITEM A4.1</b> <i>Refer to item 11b, page 5.</i> Is this income source listed on the income roster?	<div style="border: 1px solid black; padding: 2px;">4015</div> 1 <input type="checkbox"/> Yes — <i>ASK 5b</i> 2 <input type="checkbox"/> No — <i>ASK 5a</i>
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)?</b>  <i>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</i>   <b>b. Did . . . receive any (Read name of income type) in (Read each month)?</b>                              NOTE — Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.                              Social Security and SSI payments may be adjusted for inflation each January.                               (Last month) .....                               (2 months ago) .....                               (3 months ago) .....                               (4 months ago) .....                         </div> <div style="width: 50%; border-left: 1px solid black; padding-left: 10px;"> <b>5c. How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month before any deductions (including deductions for Medicare premiums).</b>   <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border: 1px solid black; padding: 2px;">4016</div>                             1 <input type="checkbox"/> Yes                              2 <input type="checkbox"/> No                              x1 <input type="checkbox"/> DK                         </div> <div style="width: 50%;"> <div style="border: 1px solid black; padding: 2px;">4018</div>                             \$ ..... . 00                              x1 <input type="checkbox"/> DK                              x2 <input type="checkbox"/> Ref.                         </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border: 1px solid black; padding: 2px;">4020</div>                             1 <input type="checkbox"/> Yes                              2 <input type="checkbox"/> No                              x1 <input type="checkbox"/> DK                         </div> <div style="width: 50%;"> <div style="border: 1px solid black; padding: 2px;">4022</div>                             \$ ..... . 00                              x1 <input type="checkbox"/> DK                              x2 <input type="checkbox"/> Ref.                         </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border: 1px solid black; padding: 2px;">4024</div>                             1 <input type="checkbox"/> Yes                              2 <input type="checkbox"/> No                              x1 <input type="checkbox"/> DK                         </div> <div style="width: 50%;"> <div style="border: 1px solid black; padding: 2px;">4026</div>                             \$ ..... . 00                              x1 <input type="checkbox"/> DK                              x2 <input type="checkbox"/> Ref.                         </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border: 1px solid black; padding: 2px;">4028</div>                             1 <input type="checkbox"/> Yes                              2 <input type="checkbox"/> No                              x1 <input type="checkbox"/> DK                         </div> <div style="width: 50%;"> <div style="border: 1px solid black; padding: 2px;">4030</div>                             \$ ..... . 00                              x1 <input type="checkbox"/> DK                              x2 <input type="checkbox"/> Ref.                         </div> </div> </div> </div>	

### Section 3 — AMOUNTS (Continued)

#### Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)

##### CHECK ITEM A5

Mark (X) income type code.

4032

- 1 ☐ ISS code 1 or 2 — *SKIP to Check Item A6.1*  
 2 ☐ ISS code 8 or 20 through 24  
 3 ☐ All other income codes — *SKIP to next ISS Code or Check Item P1, page 53*

**6a. Were all the people living here covered by ...'s payments?**

4034

- 1 ☐ Yes — *SKIP to Check Item A6*  
 2 ☐ No

**b. Which persons were covered?**

Person No. Name

4036

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4038

--	--	--	--

4040

--	--	--	--

4042

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4044

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4046

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4048

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4050

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4052

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4054

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##### CHECK ITEM A6

Is this ISS code "8"?

4056

- 1 ☐ Yes  
 2 ☐ No — *SKIP to next ISS Code or Check Item P1, page 53*

**7a. What type of Veterans' payments did ... receive?**

4058

- 1 ☐ Service connected disability compensation  
 2 ☐ Survivor benefits  
 3 ☐ Veterans' pension  
 4 ☐ Other Veterans' payments

**b. Is ... required to fill out an annual income questionnaire in order to receive a VA pension?**

4060

- 1 ☐ Yes  
 2 ☐ No  
 x1 ☐ DK } *SKIP to next ISS Code or Check Item P1, page 53*

##### CHECK ITEM A6.1

Refer to cc item 45.

Was Social Security/Railroad Retirement (code 1 or code 2) marked for ... in the previous reference period?

4062

- 1 ☐ Yes — *SKIP to Check Item A7*  
 2 ☐ No

(SHOW FLASHCARD O)

**8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope ...'s check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)**

4064

- 1 ☐ Blue  
 2 ☐ Buff  
 3 ☐ Direct Deposit  
 4 ☐ Other  
 x1 ☐ DK

**b. Do ...'s payments usually come on the first of the month or the third?**

4066

- 1 ☐ First  
 2 ☐ Third  
 3 ☐ Other  
 x1 ☐ DK

##### CHECK ITEM A7

Refer to item 2, page 44.

Were (Social Security/Railroad Retirement) payments received especially for ...'s children?

4068

- 1 ☐ Yes  
 2 ☐ No — *SKIP to next ISS Code or Check Item P1, page 53*

NOTES

Section 3 — AMOUNTS (Continued)		
Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)		
<b>9a. Were (Social Security/Railroad Retirement) payments received for . . . 's children in (Read each month)?</b> NOTE — Social Security payments may be adjusted for inflation each January. (Last month) . . . . .	<b>4070</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>9b. If "Yes" in item 9a — How much was received?</b> <b>4072</b> \$ <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago) . . . . .	<b>4074</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>4076</b> \$ <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3 months ago) . . . . .	<b>4078</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>4080</b> \$ <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4 months ago) . . . . .	<b>4082</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>4084</b> \$ <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>10a. Were all children living here covered by these payments?</b>  <b>b. Which children were covered?</b>	<b>4086</b> 1 <input type="checkbox"/> Yes — SKIP to next ISS Code or Check Item P1, page 53 2 <input type="checkbox"/> No  Person No. Name <b>4088</b> <input type="text"/> <input type="text"/> <input type="text"/> <b>4090</b> <input type="text"/> <input type="text"/> <input type="text"/> <b>4092</b> <input type="text"/> <input type="text"/> <input type="text"/> <b>4094</b> <input type="text"/> <input type="text"/> <input type="text"/> <b>4096</b> <input type="text"/> <input type="text"/> <input type="text"/> <b>4098</b> <input type="text"/> <input type="text"/> <input type="text"/>	
SKIP to next ISS Code or Check Item P1, page 53		
<b>11a. Were all the people living here covered under . . . 's food stamp allotment?</b>  <b>b. Which persons were covered?</b>	<b>4100</b> 1 <input type="checkbox"/> Yes — SKIP to Check Item A7.1 2 <input type="checkbox"/> No  Person No. Name <b>4102</b> <input type="text"/> <input type="text"/> <input type="text"/> <b>4104</b> <input type="text"/> <input type="text"/> <input type="text"/> <b>4106</b> <input type="text"/> <input type="text"/> <input type="text"/> <b>4108</b> <input type="text"/> <input type="text"/> <input type="text"/> <b>4110</b> <input type="text"/> <input type="text"/> <input type="text"/> <b>4112</b> <input type="text"/> <input type="text"/> <input type="text"/> <b>4114</b> <input type="text"/> <input type="text"/> <input type="text"/> <b>4116</b> <input type="text"/> <input type="text"/> <input type="text"/>	

Section 3 — AMOUNTS (Continued)

Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)

<b>CHECK ITEM A7.1</b>	Refer to item 11b, page 5. Is food stamps (code 27) listed on the income roster?	<b>4121</b>	1 <input type="checkbox"/> Yes — ASK 12b 2 <input type="checkbox"/> No — ASK 12a
		<b>12a. In which month, during the 4 month reference period, did . . . begin to receive food stamps? Was it in (Read each month)?</b> <i>Mark "Yes" in item 12b for the first month received and mark "No" for the previous months. Then ask if it was received in each remaining month of the reference period.</i>	
		<b>b. Did . . . receive food stamps in (Read each month)?</b> NOTE — Food stamp benefits may be adjusted for inflation in July and October.	
		<b>12c. If "Yes" in item 12b, ask — What was the total amount?</b>	
		(Last month) . . . . .	<b>4122</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
(2 months ago) . . . . .	<b>4126</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>4128</b> \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
(3 months ago) . . . . .	<b>4130</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>4132</b> \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
(4 months ago) . . . . .	<b>4134</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>4136</b> \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	

SKIP to next ISS Code or Check Item P1, page 53

<b>13a. Did . . . receive any WIC benefits in (Read each month)?</b> <i>Mark (X) all that apply.</i>	<b>4138</b>	1 <input type="checkbox"/> Last month
	<b>4140</b>	2 <input type="checkbox"/> 2 months ago
	<b>4142</b>	3 <input type="checkbox"/> 3 months ago
	<b>4144</b>	4 <input type="checkbox"/> 4 months ago
	<b>b. Which persons were covered?</b>	
	Person No.	Name
	<b>4146</b>	
	<b>4148</b>	
	<b>4150</b>	
	<b>4152</b>	
	<b>4154</b>	

SKIP to next ISS Code or Check Item P1, page 53

NOTES

Section 3 — AMOUNTS (Continued)		
Part B — SAVINGS ACCOUNTS, MONEY MARKET DEPOSIT ACCOUNTS, CERTIFICATES OF DEPOSIT, AND INTEREST-EARNING CHECKING ACCOUNTS (ISS Codes 100, 101, 102 and 103)		
<b>CHECK ITEM A8</b>	Asset types owned. Mark (X) all that apply.	<div>4300</div> <div>4302</div> <div>4304</div> <div>4306</div> <div>1 <input type="checkbox"/> ISS Code 100 — Regular/Passbook Savings Accounts</div> <div>2 <input type="checkbox"/> ISS Code 101 — Money Market Deposit Accounts</div> <div>3 <input type="checkbox"/> ISS Code 102 — Certificates of Deposit or other Savings Certificates</div> <div>4 <input type="checkbox"/> ISS Code 103 — Interest-earning checking accounts (such as NOW or super-NOW accounts)</div>
1. Earlier you said that ... had (Read names of owned assets) which excluded IRA, Keogh, and 401K accounts.		
<b>CHECK ITEM A9</b>	Interview status of ...'s spouse.	<div>4308</div> <div>1 <input type="checkbox"/> No spouse in household — SKIP to 3b</div> <div>2 <input type="checkbox"/> Interview for spouse not yet conducted</div> <div>3 <input type="checkbox"/> Interview for spouse already conducted — SKIP to 3a</div>
2a. Did ... own any of these jointly with ...'s (husband/wife)?		<div>4310</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No — SKIP to 3b</div>
b. What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period (including even small amounts credited to ...'s account(s))?		<div>4312</div> <div>\$ <input type="text"/> . <input type="text"/> 00 — SKIP to 3a</div> <div>x3 <input type="checkbox"/> None — SKIP to 3a</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Check Item P1, page 53</div>
c. What is your best estimate of the average amount that ... and ...'s (husband/wife) had in these jointly held (Read asset types) during the 4-month period? ★		<div>4314</div> <div>\$ <input type="text"/> . <input type="text"/> 00 — SKIP to 3a</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Check Item P1, page 53</div>
d. If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)		<div>4316</div> <div>1 <input type="checkbox"/> Yes — Mark Reminder Card and Callback Summary, Item 5</div> <div>2 <input type="checkbox"/> No</div>
3a. Besides any (Read asset types) owned jointly with ...'s (husband/wife), did ... have any other (Read asset types)?		<div>4318</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No — SKIP to next ISS Code or Check Item P1, page 53</div>
b. What is your best estimate of the total amount of interest ... earned on these (Read asset types) during the 4-month period (including even small amounts credited to ...'s account(s))?		<div>4320</div> <div>\$ <input type="text"/> . <input type="text"/> 00 — SKIP to next ISS Code or Check Item P1, page 53</div> <div>x3 <input type="checkbox"/> None — SKIP to next ISS Code or Check Item P1, page 53</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Check Item P1, page 53</div>
c. What is your best estimate of the average amount that ... had in these (Read asset types) during the 4-month period? ★		<div>4322</div> <div>\$ <input type="text"/> . <input type="text"/> 00 — SKIP to next ISS Code or Check Item P1, page 53</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Check Item P1, page 53</div>
d. If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)		<div>4324</div> <div>1 <input type="checkbox"/> Yes — Mark Reminder Card and Callback Summary, Item 6</div> <div>2 <input type="checkbox"/> No</div> <div>SKIP to next ISS Code or Check Item P1, page 53</div>
NOTES		

### Section 3 — AMOUNTS (Continued)

#### Part C — OTHER INTEREST-EARNING ASSETS (ISS Codes 104, 105, 106 and 107)

**CHECK  
ITEM A10**

Asset types owned.  
Mark (X) all that apply.

- 4400** 1 ☐ ISS code 104 — Money Market funds  
**4402** 2 ☐ ISS code 105 — U.S. Government securities  
**4404** 3 ☐ ISS code 106 — Municipal or corporate bonds  
**4406** 4 ☐ ISS code 107 — Other interest-earning assets —  
Specify ↓

**1. Earlier you said that ... owned (Read names of owned assets) which excluded IRA, Keogh, and 401K accounts.**

**CHECK  
ITEM A11**

Interview status of ...'s spouse.

- 4408** 1 ☐ No spouse in household — SKIP to 3b  
2 ☐ Interview for spouse not yet conducted  
3 ☐ Interview for spouse already conducted —  
SKIP to 3a

**2a. Did ... own any of these jointly with ...'s (husband/wife)?**

- 4410** 1 ☐ Yes  
2 ☐ No — SKIP to 3b

**b. What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period (including even small amounts credited to ...'s account(s))?**

- 4412** \$  .  00 — SKIP to 3a  
x3 ☐ None — SKIP to 3a  
x1 ☐ DK  
x2 ☐ Ref. — SKIP to next ISS Code or  
Check Item P1, page 53

**c. What is your best estimate of the average amount that ... and ...'s (husband/wife) had in these jointly held (Read asset types) during the 4-month period?** ★

- 4414** \$  .  00 — SKIP to 3a  
x1 ☐ DK  
x2 ☐ Ref. — SKIP to next ISS Code or  
Check Item P1, page 53

**d. If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)**

- 4416** 1 ☐ Yes — Mark Reminder Card and Callback Summary, Item 7  
2 ☐ No

**3a. Besides any (Read asset types) owned jointly with ...'s (husband/wife), did ... own any other (Read asset types)?**

- 4418** 1 ☐ Yes  
2 ☐ No — SKIP to next ISS Code or  
Check Item P1, page 53

**b. What is your best estimate of the total amount of interest ... earned on these (Read asset types) during the 4-month period (including even small amounts credited to ...'s account(s))?**

- 4420** \$  .  00 — SKIP to next ISS Code  
or Check Item P1, page 53  
x3 ☐ None — SKIP to next ISS Code or  
Check Item P1, page 53  
x1 ☐ DK  
x2 ☐ Ref. — SKIP to next ISS Code or  
Check Item P1, page 53

**c. What is your best estimate of the average amount that ... had in these (Read asset types) during the 4-month period?** ★

- 4422** \$  .  00 — SKIP to next ISS Code  
or Check Item P1, page 53  
x1 ☐ DK  
x2 ☐ Ref. — SKIP to next ISS Code or  
Check Item P1, page 53

**d. If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)**

- 4424** 1 ☐ Yes — Mark Reminder Card and  
Callback Summary, Item 8 } SKIP to next  
2 ☐ No } ISS Code or  
Check Item  
P1, page 53

NOTES

AMOUNTS — PARTS B & C

Section 3 – AMOUNTS (Continued)	
Part D – STOCKS AND MUTUAL FUND SHARES (ISS Code 110)	
1 a. Earlier you told me that ... owned stocks or mutual fund shares which excluded IRA, Keogh, and 401K accounts. Did ... receive any dividend checks during these 4 months? (Include checks made out jointly to ... and ...'s spouse.)	4500 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 3a x1 <input type="checkbox"/> DK }
CHECK ITEM A12 Interview status of ...'s spouse.	4502 1 <input type="checkbox"/> No spouse in household – SKIP to 2a 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – SKIP to 2a
1 b. During the past 4 months, how much was received in dividend checks made out jointly to ... and ...'s (husband/wife)?	4504 \$ . 00 – SKIP to 2a x3 <input type="checkbox"/> None – SKIP to 2a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 53
C. If I were to call back later would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)	4506 1 <input type="checkbox"/> Yes – Mark Reminder Card and Callback Summary, Item 9 2 <input type="checkbox"/> No
2 a. During this 4-month period, how much did ... receive in dividend checks (in ...'s name only)?	4508 \$ . 00 – SKIP to 3a x3 <input type="checkbox"/> None – SKIP to 3a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 53
b. If I were to call back later would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)	4510 1 <input type="checkbox"/> Yes – Mark Reminder Card and Callback Summary, Item 10 2 <input type="checkbox"/> No
3 a. (Besides the money that ... received in dividend checks) did ... earn any (other) dividends that were credited against a margin account or automatically reinvested in additional shares of stock?	4512 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to next ISS Code or x1 <input type="checkbox"/> DK } Check Item P1, page 53
CHECK ITEM A13 Interview status of ...'s spouse.	4514 1 <input type="checkbox"/> No spouse in household – SKIP to 3c 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – SKIP to 3c
3 b. During the 4-month period, how much of these kinds of dividends did ... earn jointly with ...'s (husband/wife)?	4516 \$ . 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 53
C. During the 4-month period, how much of these kinds of dividends did ... earn (in ...'s name only)?	4518 \$ . 00 } SKIP to next ISS Code x3 <input type="checkbox"/> None } or Check Item P1, x1 <input type="checkbox"/> DK } page 53 x2 <input type="checkbox"/> Ref. }
NOTES	

# Section 3 — AMOUNTS (Continued)

## Part E — RENTAL INCOME (ISS Code 120)

1. Earlier you told me that . . . owned some rental property.

**CHECK  
ITEM A14**

Interview status of . . . 's spouse.

**4600**

- 1 ☐ No spouse in household — *SKIP to 3a*  
2 ☐ Interview for spouse not yet conducted  
3 ☐ Interview for spouse already conducted — *SKIP to 3a*

2a. Did . . . receive any rental income from property owned jointly by . . . and . . . 's (husband/wife)?  
*Include only property owned entirely by couple.*

**4602**

- 1 ☐ Yes  
2 ☐ No — *SKIP to 3a*

b. About how much was received in gross rent from this property during the 4-month period?

**4604**

\$  .  00

- x1 ☐ DK  
x2 ☐ Ref. — *SKIP to next ISS Code or Check Item P1, page 53*

c. What is your best estimate of the amount that was cleared after expenses?

**4606**

\$  .  00

- x3 ☐ None  
x1 ☐ DK  
x2 ☐ Ref. — *SKIP to next ISS Code or Check Item P1, page 53*  
**4608** x4 ☐ Lost money — *Enter amount of loss in box*

3a. Did . . . receive rental income from property owned entirely in . . . 's own name?

**4610**

- 1 ☐ Yes  
2 ☐ No — *SKIP to 4a*

b. About how much was received in gross rent from this property during the 4-month period?

**4612**

\$  .  00

- x1 ☐ DK  
x2 ☐ Ref. — *SKIP to next ISS Code or Check Item P1, page 53*

c. What is your best estimate of the amount that was cleared after expenses?

**4614**

\$  .  00

- x3 ☐ None  
x1 ☐ DK  
x2 ☐ Ref. — *SKIP to next ISS Code or Check Item P1, page 53*  
**4616** x4 ☐ Lost money — *Enter amount of loss in box*

4a. Did . . . receive any rental income from property owned jointly with others? (Not including property owned entirely by . . . and . . . 's spouse.)

**4618**

- 1 ☐ Yes  
2 ☐ No — *SKIP to next ISS code or Check Item P1, page 53*

b. What is your best estimate of . . . 's share of the amount cleared on this property during the last 4 months?

**4620**

\$  .  00

- x3 ☐ None  
x1 ☐ DK  
x2 ☐ Ref.  
**4622** x4 ☐ Lost money — *Enter amount of loss in box*

*SKIP to next  
ISS Code or  
Check Item  
P1, page 53*

NOTES

AMOUNTS — PARTS D & E

Section 3 – AMOUNTS (Continued)		
Part F – MORTGAGES, ROYALTIES AND OTHER FINANCIAL INVESTMENTS (ISS Codes 130, 140, and 150)		
CHECK ITEM A15	Asset types owned. Mark (X) all that apply.	<div>4700</div> <div>4702</div> <div>4704</div> <div>1 <input type="checkbox"/> ISS Code 130 – Mortgages</div> <div>2 <input type="checkbox"/> ISS Code 140 – Royalties</div> <div>3 <input type="checkbox"/> ISS Code 150 – Other financial investments</div>
CHECK ITEM A16	Refer to Check Item A15. Is ISS Code 130 marked?	<div>4706</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – SKIP to 3</div>
CHECK ITEM A17	Interview status of ...’s spouse.	<div>4708</div> <div>1 <input type="checkbox"/> No spouse in household – SKIP to 2b</div> <div>2 <input type="checkbox"/> Interview for spouse not yet conducted</div> <div>3 <input type="checkbox"/> Interview for spouse already conducted – SKIP to 2a</div>
1a. Earlier you said ... held a mortgage. Did ... own this jointly with ...’s spouse?		<div>4710</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – SKIP to 2b</div>
b. During the past 4 months how much interest was paid to ... and ...’s spouse by the borrower?		<div>4712</div> <div>\$ <input type="text"/> . <input type="text"/> 00</div> <div>x3 <input type="checkbox"/> None</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>
2a. (Besides these jointly held mortgages) did ... hold any mortgages in ...’s own name?		<div>4714</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – SKIP to Check Item A18</div>
b. (Earlier you said that ... held a mortgage.) During the past 4 months how much interest was paid to ... by the borrower?		<div>4716</div> <div>\$ <input type="text"/> . <input type="text"/> 00</div> <div>x3 <input type="checkbox"/> None</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>
CHECK ITEM A18	Refer to Check Item A15. Is ISS Code 140 or 150 marked?	<div>4718</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – SKIP to Check Item P1</div>
3. Earlier you said ... had (Read asset types). During the past 4 months, how much income did ... receive from these (Read asset types)? If income was shared, count only ...’s share.		<div>4720</div> <div>\$ <input type="text"/> . <input type="text"/> 00</div> <div>x3 <input type="checkbox"/> None</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div> <div>4722<div>x4 <input type="checkbox"/> Lost money – Enter amount of loss in box</div></div>
NOTES		

## Section 4 – PROGRAM QUESTIONS

<b>CHECK ITEM P1</b>	Refer to cc item 19b. Is this the reference person's questionnaire?	<b>4800</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item T1, page 54
<b>CHECK ITEM P2</b>	Refer to cc items 16a and 16b. Is this residence owned by the local housing authority OR does the government pay part of the rent? ("Yes" marked in cc item 16a or 16b)	<b>4802</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 2a
<b>1 a. What is your monthly rent?</b> Include only the amount the respondent pays for rent. Exclude any subsidized amount.		<b>4804</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 60px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px; text-align: center; line-height: 20px;">00</div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> None  <input type="checkbox"/> DK  <input type="checkbox"/> Ref. } SKIP to 2a         </div>
<b>b. (In addition to rent,) do you pay for any utilities such as water, electricity, gas, or oil?</b> Exclude telephone.		<b>4806</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
<b>2 a. The government has an energy assistance program which helps pay heating and cooling costs. This assistance can be received directly by the household or it can be paid directly to the electric or gas company, fuel dealer, or landlord. Has this household received assistance of this type during the past 4 months?</b>		<b>4816</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } SKIP to Check Item P3
<b>b. Was this assistance received in the form of checks, coupons or vouchers sent to this household, or were the payments sent directly to a utility company, fuel dealer, or landlord?</b> Mark (X) all that apply.		<b>4818</b> <b>4820</b> <b>4822</b>	<input type="checkbox"/> Checks sent to household <input type="checkbox"/> Coupons or vouchers sent to household <input type="checkbox"/> Payments sent directly to utility company, fuel dealer, or landlord
<b>c. What was the total amount of the energy assistance received by this household during the past 4 months?</b>		<b>4824</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 60px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px; text-align: center; line-height: 20px;">00</div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> DK         </div>
<b>CHECK ITEM P3</b>	Are there any children 5 to 18 years old who live in this household?	<b>4826</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item T1, page 54
<b>3 a. Do any of the children in this household usually receive a complete hot lunch offered at school?</b>		<b>4828</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item T1, page 54
<b>b. How many children?</b>		<b>4830</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Children</div> </div>
<b>c. How many complete school lunches do all of the children receive per week?</b>		<b>4832</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Number of lunches</div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> DK         </div>
<b>d. Did you (or another person) apply for the children to receive free or reduced-price lunches under the Federal School Lunch Program during this school year?</b>		<b>4834</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 3f
<b>e. In the past 4 months, were the lunches free, reduced-price, or were they full-price?</b>		<b>4836</b>	<input type="checkbox"/> Free lunch — SKIP to 3g <input type="checkbox"/> Reduced-price lunch <input type="checkbox"/> Full-price lunch
<b>f. What was the average price paid by all of the children for a complete school lunch?</b>		<b>4838</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 60px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px; text-align: center; line-height: 20px;"></div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> DK         </div>
<b>g. Do any of the children usually receive breakfast at school under the Federal School Breakfast Program?</b>		<b>4840</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item T1, page 54
<b>h. How many children?</b>		<b>4842</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Children</div> </div>
<b>i. How many complete school breakfasts do all of the children receive per week?</b>		<b>4844</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Number of breakfasts</div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> DK         </div>
<b>j. In the past 4 months, were the breakfasts free, reduced-price, or were they full-price?</b>		<b>4846</b>	<input type="checkbox"/> Free breakfast <input type="checkbox"/> Reduced-price breakfast <input type="checkbox"/> Full-price breakfast